

**Appendix D4 - Accident / Incident Report**

Name of Injured Person: \_\_\_\_\_ Date of Accident/Incident: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_ Status: Student / Employee / Other: \_\_\_\_\_

Name of Person Filing Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Details of Accident/Incident:

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Did the injury require a physician/ER visit? Yes/No

If applicable, name of physician/facility: \_\_\_\_\_

\_\_\_\_\_  
Signature of injured individual

\_\_\_\_\_  
Signature of Person Filing Report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Note: Please also attach a copy of any facility incident reports that you filed.**

Return this form Core Site Director and the report will be kept in the Incident Report File with a copy in the student's record.

\_\_\_\_\_  
Associate Dean of Student Affairs, School of Osteopathic Medicine

\_\_\_\_\_  
Date