

East Texas Baptist University Campus Incident Report

Date of Report \_\_\_\_\_ Date of Incident \_\_\_\_\_

Person(s) Injured (if any) \_\_\_\_\_

Describe What Happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Any Injuries You Observed \_\_\_\_\_

\_\_\_\_\_

Ambulance Called? Yes \_\_\_\_\_ No \_\_\_\_\_ Taken to Hospital/ Doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Hospital or Doctor \_\_\_\_\_

Describe Any First Aid or Medical Care Provided at Scene \_\_\_\_\_

\_\_\_\_\_

Other Persons Involved (Include Address, Phone Number or Other Way to Contact)

\_\_\_\_\_

\_\_\_\_\_

Witnesses (Include Address, Phone Number or Other Way to Contact) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person You Notified About this Incident \_\_\_\_\_

When Notified \_\_\_\_\_

Your Name and Address/Telephone \_\_\_\_\_

\_\_\_\_\_