

## FORM D

### UNIVERSITY OF NORTH ALABAMA INCIDENT REPORT

**DIRECTIONS:** This form is to be completed in ink by supervisors or cost center heads for accidents or incidents involving injury or potential injury to students or visitors on campus or during University-related activities. Complete this form immediately after an incident or accident and deliver it to the Vice President for Student Affairs within twenty-four (24) hours. The Vice President for Student Affairs will distribute copies as deemed appropriate.

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**GENERAL STUDENT/VISITOR INFORMATION:**

Injured Person is: (Check one)    ☐ Student ☐ Visitor

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name of parent/guardian/spouse \_\_\_\_\_ Telephone No: \_\_\_\_\_

UNA Box \_\_\_\_\_ Academic Classification: \_\_\_\_\_ Age: \_\_\_\_\_

Local Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**INCIDENT INFORMATION:**

Date of Incident or Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident or Accident: \_\_\_\_\_

Name and phone No. of witnesses to the incident or accident:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Describe what happened:**

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Nature of any injury (cut, puncture, burns, etc.) \_\_\_\_\_

Location of injury (body part, left or right) \_\_\_\_\_

Did the victim go to the UNA Health Center?    ☐ YES    ☐ NO

Did the victim go to a physician/medical facility?    ☐ YES    ☐ NO

Name of treating physician: \_\_\_\_\_

Name of medical facility: \_\_\_\_\_

Treatment: \_\_\_\_\_

Was the victim admitted to the hospital?    ☐ YES    ☐ NO

If yes, date of admission: \_\_\_\_\_

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Signature of Supervisor/Cost Head  
reporting incident or accident

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Date