

**UNIVERSITY OF NORTH CAROLINA ASHEVILLE  
STUDENT/VISITOR ACCIDENT REPORT FORM**

Name: \_\_\_\_\_ Student/Visitor

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time: \_\_\_\_\_AM/PM

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

1. Describe fully what happened and why:
  
  
  
  
  
  
  
  
  
  
2. Name(s) and telephone number(s) of all witness(es):
  
  
  
  
  
  
  
  
  
  
3. What corrective action was taken, or is planned, to prevent similar accidents from re-occurring:
  
  
  
  
  
  
  
  
  
  
4. When was the accident reported (date/time):  
Reported to whom?  
Reported within one working day? \_\_\_\_\_ Yes; \_\_\_\_\_ No  
If no, why not?
  
  
  
  
  
  
  
  
  
  
5. Was accident caused by faulty equipment? \_\_\_\_\_ Yes; \_\_\_\_\_ No  
If yes, list faulty equipment:
  
  
  
  
  
  
  
  
  
  
6. Was accident caused by another person? ? \_\_\_\_\_ Yes; \_\_\_\_\_ No  
If yes, list name, address and telephone number:
  
  
  
  
  
  
  
  
  
  
7. Describe injury (part of body/type of injury):