

RADFORD UNIVERSITY

Office of Risk Management
 P. O. Box 6923
 Radford, VA 24142
 (540) 831-7204

ACCIDENT INVESTIGATION REPORT

Date/Time of Accident:	Date of Report:
Location of Accident:	(Circle One) Employee Non-Employee
Injured Person Information	Sex: Age: DOB (if known)
<i>Name:</i>	Person Completing Report
<i>Street:</i>	<i>Name:</i>
<i>City/State/Zip:</i>	<i>Dept:</i> <i>Title:</i>
<i>Phone:</i> <i>Email:</i>	<i>Phone:</i> <i>Email:</i>
Part of body injured:	Any others injured?

DESCRIPTION OF ACCIDENT (Continue on back, if needed) *Be specific and include all relevant information*

WITNESSES (Continue on back, if needed)

Name	Address	Phone/Email

Signature of Person Completing Report: _____

Please send completed form to: Risk Management, Box 6923.