



Eastern Kentucky University
Serving Kentuckians Since 1906

STUDENT ACCIDENT REPORT FORM

I. Individual Involved In Accident

Name: Last First M.I.

On Campus Off Campus

Local Address: Permanent Address: Address

City State Zip City State Zip

Local Phone #: Permanent Phone #:

Sex: Male / Female (Circle One) Age: Student ID: Student Classification:

College/ Department:

Was Student Acting as EKU employee at the time of the accident?: Yes/ No (Circle One)

II. Accident Details

Date of Accident: Time of Day:

Exact Location of Accident:

Details of Accident: (What, How, Why)

(Use Separate Sheet If Necessary)

Estimated Severity of Accident: (Check One) Non-Disabling (Loss of Less Than a Full Day of Normal Activity) Disabling (Loss of One or More Days of Normal Activity) Fatal

Details of Injury:

Property Damage? Yes/ No (Circle One) If Yes, Estimated Cost: \$

Witness(es): Name Phone Number

Name (Continue on Reverse Side) Phone Number





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III. Follow Up

Emergency Care Provided:  First Aide Rendered, No Hospital or Emergency Services Required

(Check one)

First Aide Rendered, Emergency Services Only

First Aide Rendered, Emergency Services And/ Or Hospital Services

Admission to Hospital

Duration of Stay: \_\_\_\_\_

None

Other: (Specify) \_\_\_\_\_

What Could Have Prevented This Accident: \_\_\_\_\_

What Actions Have Occurred For Preventing Similar Accidents: \_\_\_\_\_

Has This Been Effective: Yes/ No Explain: \_\_\_\_\_  
(Circle One)

Report Prepared By: \_\_\_\_\_

Name

Title

Preparer's Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Date Report Filled Out: \_\_\_\_\_

Return Form To:

EKU Claims Specialist  
Office of Risk Management  
Million House  
521 Lancaster Avenue  
Richmond, KY 40475-3102

Phone: (859) 622-5523  
Fax: (859) 622-1258

IV. Official Office Use Only

Report Received By: \_\_\_\_\_

Name

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Filed: \_\_\_\_\_

