Eastern Kentucky University
Serving Kentuckians Since 1916

STUDENT ACCIDENT REPORT FORM

I. Individual Involved In Accident

Name: ____________________________

Last: ____________________________ First: ____________________________ M.I. ____________________________

☐ On Campus ☐ Off Campus

Local Address: ____________________________ Permanent Address: ____________________________

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: ☐ 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: ____________________________

(Continue on Reverse Side)
Date Processed: ________________________
Date Received: ________________________
Time Received: ________________________
Name: ________________________________
Report Received By: ____________________

I. Official Office Use Only

Return Form To:
KUK Claims Specialist
Office of Risk Management
Million House
624 Lancaster Avenue
Richmond, KY 40475-3102
Phone: (859) 622-5523
Fax: (859) 622-1626

Date Report Filed Out: ________________________
Preparer's Campus Phone: ________________________
Preparer's Campus Address: ________________________
Preparer's Name: ________________________
Preparer Prepared By: ________________________

Has This Been Reported? Yes/No
Explain: __________________________________

What Actions Have Occurred for Preventing Similar Accidents:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

What Could Have Prevented This Accident:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

III. Follow Up

Student Accident Report Form
Established 1990
Eastern Kentucky University