



SOUTHWESTERN ADVENTIST UNIVERSITY

Incident/Accident Report

Date of Incident/Accident: ____ / ____ / _____	Witnesses to Incident: 1. _____ Phone _____ 2. _____ Phone _____
Time of Incident/Accident: _____ A.M. / P.M.	
Name (Last, First, MI): _____	Home Phone _____ Work Phone _____ Mobile Phone _____ SWAU Email Address _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year): ____ / ____ / _____
Mailing Address:	
Location where injury/incident occurred (be specific):	
Injury because of (premise defect, fall, fight, etc):	
Part(s) of body injured (if applicable, be specific):	
Describe what fully happened (attach additional documentation if necessary, including pictures if property damage):	
Please list type of First Aid given (ice, 911 medical aid obtained, transport by ambulance, none, etc):	
Additional Comments:	

Employee Signature: _____ Date: _____

Employee Name (Printed): _____ Date: _____

Supervisor Signature: _____ Date: _____

***Forward the original form to your supervisor immediately.
Attach any support information, including pictures, emails, text messages, etc.
Please attach any comments or summary of the incident made by the individual.***