Accident Report

Department of Chemistry

P.O. Box 68, Middle Tennessee State University, Murfreesboro, TN 37132

(Report should be filled out by student or instructor (if student is unable) and turned in to the office or Hygiene Manager)

Information of the Victim

Name of injured: First ______________________________ Intial ________ Last ___________________________

Home address ____

City, state, zip ____

Home phone ________________________________ Cell phone ____

Date of Report (month/day/year): ____/____/_______ M# ____

Student: ◻ Full-time ◻ Part-time Classification: ◻ Undergraduate ◻ Graduate

General Information of Incident

Date of Accident (month/day/year): ____/____/_______ Time _____________________________________

General Location (Building and Room/Area) ____

Incident Occurred during: ◻ Class/Lab ◻ Research ◻ Other: ____

Severity of Injury: ◻ No treatment ◻ First Aid only ◻ Medical treatment ◻ Hospitalization ◻ Fatality

Description of Incident ____

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Description of Injury ____

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Other Comments About the Incident

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Physician/Hospital Information

Was the Medical treament done: ☐ On-Campus ☐ Off-Campus (If off campus, fill out additional information)
Physician/Hospital Name ______________________________
Address of Physcian/Hospital ______________________________
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Physician/Hospital phone number ______________________________

Treatment received by Physician/Hospital ______________________________
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Will there be additional treatment past the date of accident? ☐ Yes ☐ No

What additional treatments will occur and for how long? ______________________________
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Will there be any residual health issues after treatment period? ☐ Yes ☐ No
If yes, what residual health issues will there be? ______________________________
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Witnesses
Name ______________________________ ☐ MTSU employee ☐ MTSU student
Address ______________________________
Phone number ______________________________
Name ______________________________ ☐ MTSU employee ☐ MTSU student
Address ______________________________
Phone number ______________________________
Name ______________________________ ☐ MTSU employee ☐ MTSU student
Address ______________________________
Phone number ______________________________

I certify that the above information is true and correct to the best of my knowledge. I understand that knowingly filing a false incident report may constitute fraud and may result in prosecution.

Signature of injured ______________________________ Date ______________________________
Signature of person completing report (if different) ______________________________ Date ______________________________