

FIELD TRIP ACCIDENT/INCIDENT REPORT FORM



AUBURN UNIVERSITY

| INCIDENT INFORMATION | | |
|---|---|---------------------------|
| 1. Incident Date | 5. Location of Incident | |
| 2. Time of Incident | | |
| 3. Photos Taken? Yes No | 6. Description of Incident - Include conditions present at the time of loss | |
| 4. Who took the photos? | | |
| PARTICIPANT INFORMATION | | |
| 6. Participant's Name | 7. Home Phone | 8. Home Address |
| 9. Date of Birth | 10. Work Phone | 11. Work Address |
| 12. Gender F M | 12. Incident involves: (check all that apply) STUDENT EMPLOYEE OTHER | |
| 14. Police Called? Yes No | 15. Police Agency | |
| 16. Police Report Case Number | 17. Police Officer's Name | |
| 18. Witness Information | | |
| Name | Address (City, State, Zip) | Phone (Include Area Code) |
| | | |
| | | |
| INJURY LOSS INFORMATION | | |
| 19. If the accident/incident resulted in bodily injury, describe the nature of the injury (Ex. burn cut, fracture, etc.): | | |
| | | |
| 21. Was first aid given? Yes No | 26. Describe the first aid given. Was first aid refused? | |
| 22. Who administered first aid? | | |
| 23. Was an ambulance called? Yes No | | |
| 24. Was the injured party taken to the emergency room or a doctor? Yes No | | |
| 25. Where was the injured party taken for treatment? | | |
| PROPERTY DAMAGE LOSS INFORMATION | | |
| 27. If the accident/incident resulted in property damage, give a description of the items: | | |
| | | |
| 28. Describe the nature and extent of the damages to the property: | | |
| | | |
| REPORTING INFORMATION | | |
| 31. Reporting Employee | 32. Title of Reporting Employee | |
| 33. Signature of Reporting Employee | 34. Date of Report | |