

# OHIO UNIVERSITY

## NON-EMPLOYEE INCIDENT REPORT

**INSTRUCTIONS FOR NON-EMPLOYEE INCIDENTS:** The University Employee completing this form on behalf of a non-employee should ensure that all questions are answered and submit the completed form within 24 hours to Risk Management & Safety at 138 University Service Center, by fax at (740) 593-0808, or phone at (740) 593-1664. Attach additional sheets if necessary to describe this incident. **Immediately report serious incidents to University Police at 593-1911.**

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1. Affiliation With University (please check one):  
 Ohio University Student     Visitor     Other (If "other" please describe) \_\_\_\_\_
2. Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_    4. Gender \_\_\_\_\_
5. Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
6. Home Phone (\_\_\_\_) \_\_\_\_\_    7. Cell Phone (or other contact number) \_\_\_\_\_
8. Date of Injury/Illness \_\_\_\_\_    9. Time of Day \_\_\_\_:\_\_\_\_ AM/PM
10. Full names and phone #'s of any witnesses \_\_\_\_\_
  
11. What was the individual doing and where just before the incident? Describe the activity. *Be specific.*  
Example: "Leaving Memorial Auditorium through north doors." Please state the location on campus at time of the incident.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
12. What happened? How did the injury/incident occur? *Be specific.* Example: "Visitor tripped in hole on sidewalk and fell to pavement." Tell us what went wrong.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
13. What was the injury, illness, or incident? Tell us the part of the body that was affected and how. Be more specific than "hurt" or "sore". Examples: "strained lower back", "sprained left ankle".  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
14. What object or substance directly injured the individual? Examples: "concrete floor", "bricks on sidewalk". If this question does not apply to the incident, indicate "N/A" \_\_\_\_\_  
\_\_\_\_\_
  
15. Medical Treatment?    \_\_\_ Yes    \_\_\_ No    If yes, transported by whom? \_\_\_\_\_  
Where was individual transported? \_\_\_\_\_  
Diagnosis & type of treatment if known \_\_\_\_\_
  
16. Report Completed By (please print and provide phone number): \_\_\_\_\_
  
17. Date Report Completed: \_\_\_\_\_    18. Date Incident Reported: \_\_\_\_\_