



OHIO
UNIVERSITY

Human Resources

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 Enterprise Risk Management & Insurance at HRTC #116, 169 West Union Street, by fax at (740) 593-0386 or e-mail at markinsl@ohio.edu. Attach additional sheets if necessary to describe this incident.

Immediately report serious incidents to University Police at 740-593-1911. Call (740)597-1992 with questions.

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 name 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 the Memorial Auditorium through the north doors." Please state the location on campus at the 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 the 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 (print & provide number):_____

17. Date Report Completed:_____ Date Incident Reported:_____