



SVM Injury Incident Report

Ver. 7.17.17

The following form should be filled out within one week of an incident where an injury occurred requiring medical assistance. A copy should be submitted to and retained by the Office of Student Services, and a copy sent to the Risk Management Office at Utah State University. The back of this form may be used to expand answers, please be as thorough as possible.

Today's Date:

Date of Incident:

Time of Incident:

Report filled out by:

Injured Person(s):

If they are not part of USU or SVM, please list their home address and phone:

Exact Incident Location:

Incident Details: Brief Description of Incident/What Happened?

Witnesses to incident (include name, address, phone):

What do you think caused the incident (include weather, surface, equipment, and other conditions)?

Was an Ambulance Called? Yes No

Describe Emergency Response that was taken:

Were the Police Called? Yes No **Police Report #**

Was a Citation Issued? Yes No **To Whom (name)?**

What for?

Follow-up from SVM Office of Student Services (date and progress):