University of Rhode Island
STUDENT ACCIDENT REPORT FORM

FORM SHOULD BE COMPLETED BY INJURED STUDENT OR HEALTH SERVICE PROVIDER

Name: _____ Email: _____
Address: _____ Phone: _____
Date: _____ Student ID Number: _____
Sex: Male or Female (circle one) DOB: _____
Location where accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the student doing? List any specific acts by individuals or conditions that led to the accident. (include any tools, machinery or instrument involved)

_____
_____
_____
_____
_____

Nature of Injury			Part of Body Injured		
___ Abrasion	___ Cut	___ Scratch	___ Abdomen	___ Face	___ Leg
___ Amputation	___ Dislocation	___ Shock	___ Ankle	___ Finger	___ Mouth
___ Asphyxiation	___ Fracture	___ Sprain	___ Back	___ Foot	___ Nose
___ Bite	___ Laceration	___ Splinter	___ Chest	___ Forearm	___ Shoulder
___ Bruise	___ Poisoning	___ Strain	___ Ear	___ Hand	___ Teeth
___ Burn	___ Puncture		___ Elbow	___ Head	___ Wrist
___ Concussion	___ Repetitive Stress Injury		___ Eye	___ Knee	
Other specify) _____			Other (specify) _____		

Did police respond? Y or N Police Dept. Name_____ Did EMS Respond? Y or N

Did you go to the URI Health Center for treatment? Y or N

If no, where did you treat? _____

Will you need follow up treatment? Y or N If yes, type of treatment:_____

Signed: _____ _____
Student Date

Email signed form to Pam Hallagan, URI Risk Manager: phallagan@uri.edu
75 Lower College Road, Room 118, Kingston, RI 02881
(p) 874-2591 (f) 874-9101

NOTE: Students employed by URI who are injured while at work should fill out the Incident/Injury Report at www.uri.edu/hr/forms or contact Human Resources.

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