SWOSU INCIDENT REPORT

PERSON INVOLVED:					
☐ STUDENT			Complete sections	A, B, F	
☐ EMPLOYEE			Complete sections	A, C, F	
☐ VISITOR			Complete sections	A, D, F	
OTHER*			Complete sections	A, E, F	
* (Including camps, contests,	, upward bou	and, etc.)			
A. Date of Incident:					
Time of Incident:					
Location:					
В					
Last Name		First Name	Middl	Middle Initial	
Permanent Address: _	Street	City	State	Zip	
I and Address.		•	State	Zip	
Local Address:	Street	City	State	Zip	
Home Telephone:		Local Tele	phone:		
C					
Last Name		First Name	me Mid		
Local Address:	Street	City	State	Zip	
и та				1	
Department Supervisor	or:				
Telephone Extension	:				

Last Name	First	First Name		Middle Initial	
Permanent Addres	ss:				
	Street	City	State	Zip	
Occupation:					
Business Telepho	ne:	Home Telephone	»:		
Reason for presen	ice at SWOSU:				
Name of camp or					
	activity being attended a				
	ast Name		Mid	ddle Initia	
Student Name:L	ast Name	First Name			
Student Name:L	ast Name	First Name		ddle Initia om #	
Student Name:L Campus Address:	ast Name Dorm ss:	First Name	Roo	om#	
Student Name:L Campus Address:	ast Name Dorm	First Name			
Student Name:L Campus Address: Permanent Address	ast Name Dorm ss: Street	First Name City	Roo	om# Zip	
Student Name:L Campus Address: Permanent Address	ast Name Dorm ss: Street	First Name City	Roo	om # Ziŗ	
Student Name:L Campus Address: Permanent Address Name of Parent/G	ast Name Dorm ss: Street	First Name City First Name	Roo	om# Zip	

F. Description of Incident by *Injured Party*

(Have them describe the incident in their own words):

	ent: Last Name		First Name		Middle Initia
Address:					
Street		City		State	Zij
Home Telephone:	_				
Description of inc	ident by witness:				
			Witness St		onature
Witness To Incide	ent: Last Name		First Name		
Address:			First Name		Middle Initia
Address:Street	Last Name	City	First Name	State	Middle Initia
Address:	Last Name	City	First Name	State	Middle Initia
Address:Street	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia
Address: Street Home Telephone:	Last Name	City	First Name	State	Middle Initia

In YOUR own words, describe exactly what happened, why it happened, the injury that occurred, action taken, assistance given on offers of assistance refused by injured party, and disposition of the incident. Was blood or body fluid present during the incident? Date of Report: Name of person preparing report: Title of person preparing report: NOTE: ONE COPY OF THIS REPORT IS TO BE TURNED IN TO THE SAFETY/RISK MANAGEMENT.

F. Continued