



NON-WORK-RELATED ACCIDENT / INCIDENT REPORT

Please submit within 10 days from the date of the incident to
Risk & Safety Management
 111 SW 4th Street, College Place, Washington
risk.safety.management@wallawalla.edu
 Phone 509-527-2250

Please Print

Check one: Student Faculty/Staff Visitor

Last Name	First Name	MI	Date of Birth / /
Local Address: Street	City	State	Zip Code
Email Address	Phone ()		
<i>Signature</i>		Date: / /	Student ID #

Accident / Incident:

<p>Athletics/Intercollegiate Accidents: Please use Intercollegiate Athletic Accident Insurance Claim Form at https://wallawalla.edu/?id=1783</p> <p>Type of Accident/Incident ✓ Check one: <input type="checkbox"/> University-related <input type="checkbox"/> Not University-related</p>	<p>Place of Accident / Incident:</p> <hr/> <p>Nature of Injury: Give full details as to which body part was injured and type of injury (i.e., cut, puncture, burn, sprain, etc.)</p>	<p>Accident/Incident Date: ____ / ____ / ____ Month Day Year Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>
<p>Describe Accident / Incident:</p>		
<p>How Could This Accident / Incident Have Been Prevented?</p>		
<p>Witness to Accident / Incident:</p> <p>Name: _____ Phone: () _____ - _____</p>		