

ORM 6 - STUDENT and VISITOR ACCIDENT/INJURY REPORT FORM

***Use this form to document non-employee accidents and injuries occurring on university property.**

Submit this completed form to the Office of Risk Management, AD 103, or ORM@bsu.edu

Date: _____ Time: _____ AM / PM

Location of Accident: _____

Injured Party Contact Info (Name, Address, Phone, Email): _____

What happened? (short narrative of how accident occurred):

Please describe the injury: _____

Did University Police respond? Yes ____ No ____

Did EMS respond? Yes ____ No ____

List witness name & contact info (if any): _____

Signature: _____ Date: _____