**Accident Report Appalachian State**

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| --- | --- |
| **Date and Time of Incident** |  |
| **Type of Incident** (Choose one-delete the rest) | Incident Report OnlyNear Hit Only, Property Damage Only, Report with Medical Need |
| **Full Name of Individual Involved**  |  |
| **Role of Individual**  | Student |
| **Individual’s Phone Number**  |  |
| **Individual’s Email**  |  |
| **Department of Individual**  | RMPE  |
| **Location of Incident** (Include course and section number) |  |
| **What part and side of the body was injured?** (Note area injury by saying “injured wrist”, but do not diagnose “broken wrist”) |  |
| **Describe how incident/injury occurred and what individual was doing at the time of incident/injury:**  |  |
| **Did the individual receive medical treatment?** (Yes or No) |  |
| **By Whom?** (Ski Patrol, Student Health Services, Watauga Medical Center…) |   |
|  |
| **Date of Notification**  |  |
| **Name of person making this notification**  | Edgar PeckEric Stuart (FSSC Lesson Coordinator) |
| **Relationship to Individual Involved** | Course instructor.  |
| **Best way to contact person making this notification**  | peckel@appstate.edu |

Email this accident report to PEA director who will file information electronically at EHSEM: http://safety.appstate.edu/

A copy of this form should be maintained within department. Appalachian does not provide insurance or pay students’ medical costs if they are injured in class. Students can visit Health Services (262-6577) on campus, but there is a limit to the care they are able to provide. This accident form is used to report any non-work-related incident. Employees require a different form. RMPE Department 2021.