**Department of Dramatic Arts**

**ACCIDENT REPORT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (Last) (First) (MI) PEOPLESOFT ID#

( ) - / / - - M F

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PHONE NUMBER DATE OF BIRTH (mm/dd/yyyy) SSN SEX

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LOCAL ADDRESS (DORM/APT/No. and Street) (City) (State) (Zip)

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PERMANENT ADDRESS (No. and Street) (City) (State) (Zip)

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME RELATIONSHIP TO INJURED



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DAYTIME PHONE EVENING PHONE

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ADDRESS (No. and Street) (City) (State) (Zip)

**DESCRIPTION OF INJURY**

|  |  |
| --- | --- |
| HOW DID THE INJURY OCCUR?  (When describing injury, name the type of injury, body part(s) injured, cause, and result of injury) |  |
|  |
|  |
|  |
|  |
|  |
| WHERE DID THE INJURY OCCUR?  (Building, Room, Theater) |  |
|  |
|  |
| DATE AND TIME OF INJURY | / / : |
| (mm/dd/yyyy) (Time) |

/ /

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SIGNATURE PRINT NAME DATE (mm/dd/yyyy)