![Ohio University logo - 1804] **OHIO UNIVERSITY** Human Resources

Non–Employee Incident Report

INSTRUCTIONS FOR NON-EMPLOYEE INCIDENTS: The University employee completing this form on behalf of a non-employee should ensure that all questions are answered and submit the completed form within **24 hours** to Enterprise Risk Management & Insurance at Grosvenor Hall 345, Athens, OH 45701 by fax at (740) 593-0386 or e-mail at insurance@ohio.edu. Attach additional sheets if necessary to describe this incident. **Immediately report serious incidents to University Police at 740-593-1911.** Call (740)597-1992 with questions.

1. Affiliation with University (Please check one)
   ☐Ohio University Student   ☐Visitor   ☐Other (If "other" please describe)_____

2. Name_____

3. Date of Birth_____ 4.Gender_____

5. Mailing Address_____ City/State/Zip_____

6. Home Phone _____ 7. Cell Phone (or other contact number)_____

8. Date of Injury/Illness_____ 9. Time of Day_____ ☐AM ☐PM

10. Full name and phone #'s of any witnesses_____
    _____

11. What was the individual doing and where just before the incident? Describe the activity. *Be specific.* Example: "Leaving the Memorial Auditorium through the north doors." Please state the location on campus at the time of the incident.
    _____
    _____
    _____

12. What happened? How did the injury/incident occur? *Be Specific.* Example: "Visitor tripped in hole on sidewalk and fell to pavement." Tell us what went wrong.
    _____
    _____
    _____

13. What was the injury, illness, or incident? Tell us the part of the body that was affected and how. Be more specific than "hurt" or "sore." Examples: "strained lower back," "Sprained left ankle."
    _____
    _____
    _____

14. What object or substance directly injured the individual? Examples: "concrete floor," "bricks on the sidewalk." If this question does not apply to the incident, indicate "N/A"
    _____
    _____

15. Medical Treatment ☐Yes ☐No   If yes, transported by whom?_____
    Where was individual transported?_____
    Diagnosis & type of treatment if known_____

16. Report Completed by (print & provide number):_____

17. Date Report Completed:_____ Date Incident Reported:_____