Chadron State College
ACCIDENT REPORT FORM for Non-Employees

The purpose of this form is to communicate information about accidents that occur at Chadron State College. Completion of this form does not guarantee any type of benefit payment or expense reimbursement.

Name _____ Date of Birth _____ Email _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Accident _____ Time of Accident _____ AM ☐ PM ☐

Location of Accident _____

If an off-campus location, was activity college-sponsored: ☐ Yes ☐ No

Status at time of accident: ☐ Student ☐ Contractor Company Name _____

☐ Visitor ☐ Other _____

What activity was being performed when the accident occurred? _____

How did the accident or injury occur? _____

Description of injury and part of the body affected (be specific): _____

Was it necessary to seek immediate medical attention? ☐ Yes ☐ No If yes, state type _____

Did you seek the assistance of the CSC Health Services? ☐ Yes ☐ No

Was there damage to any property? ☐ Yes ☐ No If yes, please describe _____

Witnesses:	Name	Address	Phone
1.			
2.			

Printed Name *Signature* *Date*

FOR CSC HEALTH SERVICES USE ONLY

Describe part of body injured: _____

Treatment received: _____

Referred: ☐ Hospital ☐ CSC Clinic ☐ Home ☐ Work ☐ Class ☐ Chadron Medical Clinic

Signature of CSC Health Services _____ Date _____

Follow-up: _____

Distribution of copies: Original HR Office; Copy-Health Services; Copy-Injured Person

UPON COMPLETION OF FORM, RETURN ORIGINAL TO HUMAN RESOURCES

HR Office Use Only:
File No. _____ Date Filed _____ By: _____

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