

**MUSKINGUM COLLEGE**  
**Accident Report**

Name of person involved: \_\_\_\_\_ Date: \_\_\_\_\_

Date of accident: \_\_\_\_\_

Time of accident: \_\_\_\_\_ A.M. P.M. (please circle one)

Place where accident occurred: Be specific as to building, floor, room, etc.:

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

Please relate specific details of the accident: Activity prior to accident, cause of accident, equipment involved, how accident happened, people involved:

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

Describe safety precautions exercised prior to accident:

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

Describe any injury resulting from accident: Be specific:

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

Did you miss any work because of accident? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Did you have to see a doctor because of accident? \_\_\_\_\_ If yes, attach physician's documentation.

If yes, please give doctor's name and address: \_\_\_\_\_

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

Date and time of doctor visit: \_\_\_\_\_

What was doctor's diagnosis? \_\_\_\_\_

Signature of accident victim: \_\_\_\_\_

Were there any witnesses to your accident? \_\_\_\_\_

Signature of witness (es) : \_\_\_\_\_ Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Benefits Manager: \_\_\_\_\_ Date: \_\_\_\_\_