

Louisville Presbyterian Seminary
Incident/Accident Form



THIS FORM MUST BE FILLED OUT COMPLETELY AND IN DETAIL.

Date: _____ Time of incident: _____ a.m. / p.m.

Person Filling Out This Form (please print): _____

PERSON

Name of person involved: _____

Home address: _____ Telephone: _____

Was an injury involved: YES NO If yes, fill out this section completely.

Where did the accident/incident occur? _____

Explain in detail what happened: _____

DESCRIPTION

Was medical help called? YES NO

If yes, who provided care at the scene? (EMS, other) _____

Was the person taken to the hospital? YES NO

Was there any property damage? YES NO If yes, please explain in detail.

WITNESS

Please list anyone who witnessed the accident/incident:

(name) (address) (telephone)

(name) (address) (telephone)

(name) (address) (telephone)

Name of person filling out this form: _____ Date: _____
(signature)

**Please retain a copy of this form for your records.
Send the original form in its entirety immediately to Tim Williams, Director of Campus Facilities.**