East Texas Baptist University            Campus Incident Report

Date of Report___________________          Date of Incident _____________________

Person(s) Injured (if any) ________________________ __________________________

Describe What Happened ____________________________ ______________________

________________________________________________________________________

________________________________________________________________________

Describe Any Injuries You Observed ______________________________

________________________________________________________________________

Ambulance Called? Yes____  No ____  Taken to Hospital/ Doctor? Yes_____ No_____

Name of Hospital or Doctor ________________________ ________________________

Describe Any First Aid or Medical Care Provided at Scene _______________________

________________________________________________________________________

Other Persons Involved (Include Address, Phone Number or Other Way to Contact)

________________________________________________________________________

________________________________________________________________________

Witnesses (Include Address, Phone Number or Other Way to Contact) ______________

________________________________________________________________________

________________________________________________________________________

Name of Person You Notified About this Incident ________________________________

When Notified _____________________________________ ______________________

Your Name and Address/Telephone ____________________________________________