

Washington University
INJURY/INCIDENT REPORTING FORM

This form is used for individuals injured on Washington University property **Note: THIS FORM IS NOT TO BE USED BY WU EMPLOYEES INJURED WHILE WORKING.**

- Visitor Patient
 Student Other

Please complete this report as completely as you can and email to the Office of Insurance and Risk Management at Karen.t.rose@wustl.edu.

Incident Date _____ Incident Time: _____

Name: _____

Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Phone: (days) _____ (other) _____

Location of the Incident: _____

Please describe what happened. Include a description of any injury if applicable:

Was WUPD/Protective Services contacted?: Yes _____ No _____

Other Comments: _____

Name (Print): _____ Date: _____

Signature: _____

Contact Information days: (phone & e-mail): _____
