# STUDENT/VISITOR INCIDENT REPORT
MONTANA TECH OF THE UNIVERSITY OF MONTANA

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of incident:</th>
<th>Time of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Address:</td>
<td></td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

Name of person completing this report:

Campus Department:

## INCIDENT INFORMATION

Who was notified of this incident? When? Include name(s) and department, date and time:

Exact location of incident:

Detailed description of what happened. Include what the person was doing at the time of the incident, what object or substance caused injury if an injury occurred:

Body part injured (specify right or left if applicable):

Nature of injury (check all that apply):

- Abrasion
- Burn
- Puncture
- Bruise
- Sprain/strain
- Foreign body in eye
- Laceration
- Fracture
- Dermatitis
- Heat injury
- Cold injury
- Other (specify)

## TREATMENT REQUIRED

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of treatment:</td>
<td></td>
</tr>
<tr>
<td>First Aid only</td>
<td>Required treatment by physician</td>
</tr>
<tr>
<td>Name of physician:</td>
<td></td>
</tr>
</tbody>
</table>

## WITNESSES TO THE INCIDENT:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number:</td>
<td>Phone number:</td>
</tr>
</tbody>
</table>

Comments from witness: (attach additional sheets if necessary):

Comments from witness:

Signature of Student or Visitor

Date