



**OFFICE OF RISK MANAGEMENT  
STUDENT ACCIDENT INVESTIGATION REPORT**

This report and investigation **must be completed within 24 hours of the accident**. Students who are injured are requested to cooperate and complete **all** the information requested. Please use additional paper as necessary.

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Student's Full Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

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*Street Address City State Zip*

Home Phone: \_\_\_\_\_ Other Phone:(optional) \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Course: \_\_\_\_\_

Location of Incident/Injury:

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Original Form to:

James Madison University, Office of Risk Management, 131 West Grace Street, MSC 6703  
Harrisonburg, VA 22807, Phone: 540-568-7812, Fax: 540-568-2878, <http://www.jmu.edu/riskmgmt/>



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**To Be Completed By Witness**

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Name/Title of Person Reporting Incident:

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Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Incident was Reported: \_\_\_\_\_ Time: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Students Involved: \_\_\_\_\_

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**To be Completed by Medical Staff**

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Was JMU Public Safety notified: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", provide date and time notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_

If "No" , why not: \_\_\_\_\_

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Did student sign Release of Information permission: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please be Prepared to Provide Documentation of Medical and Follow-up Care

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