ARIZONA WESTERN COLLEGE

RISK MANAGEMENT DEPARTMENT

General Incident

DATE:

Name DOB

Address

Phone # Sex: Male Female

Legal Marital Status: Single Married Divorced Widow(er)

Date & hour of injury Date reported

Who was it reported to

Was medical treatment needed at this time

 Name if treating facility

Do you have primary medical insurance

Nature of injury/incident

Body part side injured

Describe cause of accident

Location of accident

What activity were you doing right before the injury

What caused the injury to happen

Students are to report injuries to Heath & Wellness (Cottage 1). File medical claim through primary insurance and follow up with Health & Wellness.

The original of this form is to be given to Risk Management revised 7/15