

# Boston University Incident Report

Name of Injured Person		
Home Address		Telephone
Sex	Occupation	Employer
Date of Incident		Time of Incident
Location of Incident		
Description of Incident		
Describe Injury		
Was Injured Taken to Hospital?	If Yes, Where?	

Witness	Relationship to Injured Person	Address/Telephone

Injured Person's Account of Incident
Additional Comments

Reporting Person	Date of Report
Department	Telephone
Signature	

Please submit to [riskhelp@bu.edu](mailto:riskhelp@bu.edu)