



ACCIDENT/INCIDENT REPORT FORM

(Please legibly print the detailed information)

Student/Employee Name: _____ ID # _____

(last 4 digits of SSN for student)

Date & Time of Incident: _____ Time Reported: _____

Parties Involved: _____

(please circle your response below)

Personal Property Involved? YES NO Item(s):

Personal Injury Involved? YES NO

Was the police or emergency services (911) notified? YES NO

Were emergency services refused? YES NO

Did injured party refuse medical treatment? YES NO

If a possible Title IX violation occurred was the alleged victim referred to Victims Service of Montgomery County?

Details of the Incident:

Supporting Documentation: Attached /Not Required (Please circle one)

Student Signature: _____ Date: _____

LSB Representative: _____ Date: _____

Campus Security Official: _____ (signature)

Date Recorded: _____

Forwarded to Title IX Coordinator: bsantangelo@LSB.edu _____