

**Non-Employee Injury Report**

**To be completed within 24 hours and sent to the Office of Human Resources and/or Environmental Health and Safety Officer. Note: if this form is completed online (Ozone, under Injury Reporting), HR and EH&S will receive notification automatically.**

REPORT ALL INJURIES REQUIRING HOSPITALIZATION to the Environmental Health & Safety Officer @ 614-561-8317 or the Human Resources Director @ 614-823-1130 within 8 hours. All other injuries need to be reported within 24 hours.

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Name: \_\_\_\_\_  Student  Visitor/Contractor  Public Rider

Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Residence Hall \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_: \_\_\_\_  AM /  PM

Name of Health Insurance Provider: \_\_\_\_\_

Detailed description of incident and action taken (apparent cause, body part injured, location and offsite activity if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Applicable**

Name of Horse involved (if any): \_\_\_\_\_ Is this an Otterbein Horse? YES  NO

Location of Incident:  Indoor arena  Outdoor arena  Cross Country Field  Barn

Other \_\_\_\_\_

Supervisor in charge of activity: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Were you disobeying any rules or regulations at the time of accident? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you need medical attention? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe any treatment given: _____
Did you ACCEPT or DECLINE emergency medical treatment?
The Student Blanket Accident Plan is on the reverse side. Please initial that you've seen it _____
Contact the Student Health Center to file a claim.