

**ACCIDENT/INCIDENT REPORT**

Lake Land College Health Services  
5001 Lake Land Blvd, LSC 017, Mattoon, IL 61938  
Office: 217-234-5276 Fax: 217-234-5024  
suphoff@lakelandcollege.edu



PATIENT NAME	DATE & TIME OF ACCIDENT/INCIDENT A.M./P.M.
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CURRENT ADDRESS	DATE OF BIRTH
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CITY	STATE	ZIP CODE	TELEPHONE
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PARENT/GUARDIAN NAME(S)	P/G TELEPHONE
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INJURIES (Check all that apply.)

- Scalp/Head                       Nose                                       L  R Eye                                       L  R Arm
- Face                                       L  R Ear                                       L  R Hand                                       L  R Leg

Was the patient taken to a doctor or hospital? Y N

If so, where was the patient taken: \_\_\_\_\_

If so, how was the patient transported: \_\_\_\_\_

If transported other than ambulance, who transported: \_\_\_\_\_

Name

Telephone

Were there any witnesses? Y N

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location of incident (specific building, room, parking lot, etc.): \_\_\_\_\_

Describe incident in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON COMPLETING REPORT	DATE
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- Student    Athlete    Staff    Visitor

Complete this form fully and return it to Health Services at the contact information listed at the top of the page.