

**Form J: Unusual Occurrence Form**

**WHEATON COLLEGE UNUSUAL OCCURRENCE REPORT FORM**

(Rev. 2004/10/25)

**Name of Person Involved:** \_\_\_\_\_ **INCIDENT DATE:** \_\_\_\_\_

Name of Person filling out form: \_\_\_\_\_ **INCIDENT TIME:** \_\_\_\_\_

Phone # of Person filling out form: \_\_\_\_\_ Date form is filled out: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Status of Person Involved (check all that apply):** ( ) Student ( ) Faculty ( ) Staff ( ) Other Visitor ( ) Other (describe) ( ) Athletic Injury ( ) Minor (under 18)

Address (if known): \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_

**Describe as precisely as possible the location where the event occurred:** \_\_\_\_\_

If injury occurred at an off-campus location, was the activity College-sponsored? ( ) Yes ( ) No

**What happened and how? (include sequence of events, extent of damage, nature of illness or injuries, device or machine used, activity involved, etc. as applicable):** \_\_\_\_\_

Name of witness: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Was Public Safety notified? ( ) No ( ) Yes; Responding officer: \_\_\_\_\_

Was First Aid given? (If yes, describe): ( ) No ( ) Yes: \_\_\_\_\_

Did victim refuse further treatment? ( ) No ( ) Yes

Was Student Health Services notified? ( ) No ( ) Yes

Was victim treated at the Health Center? ( ) No ( ) Yes If so, treated by: ( ) Nurse ( ) Physician

Was ambulance called? ( ) No ( ) Yes

Did victim go to hospital/clinic off site? ( ) No ( ) Yes If so, Mode of Transport:

Were photographs taken of the scene? ( ) No ( ) Yes; taken by:

**Signature of Person involved (if available):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Person filling out form:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Original to be sent to Risk Management:** \_\_\_\_\_ **Date sent:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Risk Mgmt Date Recorded:** \_\_\_\_/\_\_\_\_/\_\_\_\_