



Student/Visitor Accident Report

Ingram State Technical College
5375 Ingram Road
P.O. Box 220350
Deatsville, Alabama 36022

Date: _____

Program/Campus or Instructional Site: _____

RE: Accident Report Type of Injury: _____

*Name of Injured Student/Visitor: _____

AIS # _____ (if applicable)

Date of Accident: _____ Time of Accident: _____ AM/PM

Where in your program area did the accident happen? _____

How did the accident happen? (Give details) _____

What was the injured person doing? _____

Statement by witness(es): _____

Experience in work in which the student was injured: _____

Action taken by instructor: _____

Instructor or Supervisor (signature) _____ Date _____

Additional information on reverse side: Circle one- No Yes

*If injured person is a visitor at ISTC list their name, address, and phone numbers on the back of this form.