



ACCIDENTAL PERSONAL INJURY REPORT

Non-University Employee

Student / Non-Employee

Visitor

Vendor

Other

This form should be completed and sent to Risk Management within 24 hours after the accident (See Page 2 for Procedures)

Name of Injured Person: _____ Date of Birth: _____

Address: _____ Phone: _____

Exact Location of Accident: _____ Date of Accident: _____ Time: _____

Date Reported: _____ Activity that Caused the Injury: _____

Nature of Injury or Illness:

- Abrasion or Contusion Concussion Heat Exhaustion Poisoning
Bite Fainting Inhalation Puncture
Blood to Blood Contact Foreign Body in Contact or Embedded Laceration Shock, Electrical
Burn Fracture Nosebleed Sprain, Strain
Other (Explain)

Part of body injured (be specific, i.e., left upper arm, third finger right hand, etc.): _____

Describe clearly how the incident/accident occurred (attach supplemental pages, material - photos, diagrams, measurements):

Identify acts and/or conditions which appear as primary cause:

WITNESSES (people who saw the incident/injury)

Table with 4 columns: Name, Address, Phone, where was witness in relation to the incident/ injury. Rows 1, 2, 3.

Describe machine, tool, substance, or product, if any, involved in the injury and how involved:

Treatment rendered, if any (name of Dr., Hospital, first aid given, etc.):

Name of person completing report (PLEASE PRINT): _____

Signature of person completing form _____

Department & Campus Address: _____

Date of Report: _____ Dept. Phone No.: _____

