

FOREIGN LIABILITY INCIDENT REPORT FORM

EMPLOYEE REPORTING INCIDENT	Name:	Phone:	E-mail:
	Home Address:		
	International Address:		
TIME & PLACE	Date & Time of Loss or Accident:	Location:	
INJURED PERSON (IF APPLICABLE)	Name:	Age:	
	Address:	Phone:	Home Business
	Occupation:	Employed by:	
	What was the injured doing when hurt?		
THE INJURY	Nature & Extent of Injury:		
	Where was injured taken after accident?	Name of Doctor:	
	Probable Disability:	Has Injured Resumed Work?	
PROPERTY DAMAGE (IF APPLICABLE)	Owner:	Address:	Phone: Home Business
	List Damage:	Estimated Cost of Repair:	
WITNESSES IT IS IMPORTANT TO GIVE THE FULL NAME AND ADDRESS OF EVERY WITNESS	Name:	Phone:	Home Business
	Address:		
	Name:	Phone:	Home Business
	Address:		
	Name:	Phone:	Home Business
	Address:		



DESCRIPTION OF ACCIDENT	BE PARTICULAR TO OBTAIN THE NAMES AND ADDRESSES OF DISINTERESTED WITNESSES SHO KNOW ANYTHING ABOUT THE OCCURRENCE, INCLUDING DATE, BADGE NO., OR NAME OF POLICY AUTHORITY TO WHOM THE INCIDENT WAS REPORTED.
SKETCH – IF APPROPRIATE:	

DATE: _____ SIGNATURE OF EMPLOYEE: _____

SUBMIT TO RISK MANAGEMENT, 1303A West Campus Drive, FAX TO (989)774-1303, or Email RISK@cmich.edu

If you require more information, please contact the Risk Management Office direct at 989-774-3741 or risk@cmich.edu