



Hard Copy Edition

ACCIDENT-INJURY REPORT

(Also used for Illnesses)



Incident Number:
(Public Safety Only)

A-

Accident Involved:

-Visitor -Student -Employee

Campus:

COMPLETE FOR ALL INJURIES

Date of Accident:

Time of Accident:

Date Reported:

Time Reported:

Name of Injured Person:

DOB:

Address:

City:

State:

Telephone:

SSN#

Sex:

Name of Witness:

Telephone:

Address:

City:

State:

Location of Accident (in detail):

Did person receive medical attention? (If yes, describe type, who transported injured and to where)

Parts of the body directly affected by the injury:

Describe Injury:

What was the injured person doing:

According to injured (or witness), describe what happened:

Writer's observation:

Weather Condition:	Investigation at scene by Public Safety?
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If Yes, by whom:	Title:	Badge:
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Additional Information:

EMPLOYEE INJURIES

Supervisor's Name:	Supervisor's Title:
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Department:	Telephone:
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Employee's Occupation:	Job Classification:
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Was Injured working regular job?	Did/Will Employee lose time from work?
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Additional Info:

Writer's Name:	Title:
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Signature:	
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Date Completed:	Time Completed:
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Dean/Director's Name:

Distribution: Original to PUBLIC SAFETY, Copy to Injured's Supervisor or Dean