

Central Michigan University
ACCIDENTAL PERSONAL INJURY REPORT
 Non-University Employee

Visitor
 Student / Non-Employee

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: _____ AM
 PM

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)

Name	Address	Phone	where was witness in relation to the incident/ injury
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.: _____

ACCIDENTAL PERSONAL INJURY REPORT PROCEDURE

1. This form is to be used to document injuries **other than workers' compensation** (employee work-related injuries and illnesses). Call (989) 774-7177 to report workers' compensation incidents.
2. The injured person may seek medical treatment, if necessary, wherever he/she chooses.
3. If emergency medical assistance is needed or the injury is such that the individual cannot transport himself/herself, call 911 for assistance.

Report all serious injuries and safety hazards to one of the following:

- CMU Police Emergency 911
 Non-Emergency (989) 774-3081
 - Risk Management (989) 774-3741 Environmental & Safety Services (989) 774-7398
4. The CMU employee who witnessed the accident/incident or was informed of the accident/incident is responsible for completing the Accidental Personal Injury Report and submitting it to the Risk Management and Insurance Office - **Do not** give this form to the injured person to complete.
 - **Be observant** - Attempt to get as much information as possible at the time of the incident. **Relate only the facts on this form.**
 5. If the injured individual inquires how the medical bills will be handled, please provide the following information:
 - **CMU's insurance does not provide medical insurance coverage regardless of liability. The injured individual is responsible for his/her own medical expenses and should submit related medical bills to his/her own insurance company for coverage. Do not promise the bills will be paid by the University.**
 6. After Completion - Forward **original** (a copy is to be retained by the department) of this form to:

Risk Management Environmental Health & Safety
Central Michigan University
1303A West Campus Drive
Mt. Pleasant, MI 48859
EMAIL: RISK@cmich.edu
OR
FAX TO: (989) 774-1303

7. Contact the Risk Management office at (989) 774-3741 if you have questions regarding this procedure.