Central Michigan University

ACCIDENTAL PERSONAL INJURY REPORT

EMPLOYEE

Call Workers Compensation - (989) 774-7177 to report Employee Work Related injuries & illnesses

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

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.