

Central Michigan University  
**ACCIDENTAL PERSONAL INJURY REPORT**  
Non-University Employee

Call Workers Compensation - (989) 774-3198 or 7177 to report Employee Work Related injuries & illnesses

- Visitor
- Vendor
- Student / Non-Employee
- 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

Date Reported: \_\_\_\_\_ Activity that Caused the Injury: \_\_\_\_\_  PM

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
- Nose Bleed
- 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:

Dept. Phone No.:

Date of Report:

# 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) 774-3198 or (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 & Insurance		(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 & Insurance  
CentralMichiganUniversity  
Smith 103  
Mt. Pleasant, MI 48859

OR

FAX TO: (989) 774-1303

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