

**CENTRAL MICHIGAN UNIVERSITY FOREIGN LIABILITY INCIDENT REPORT FORM**

<b>EMPLOYEE REPORTING INCIDENT</b>	Name:		Phone:	E-mail:	
	Home Address:				
	International Address:				
<b>TIME &amp; PLACE</b>	Date & Time of Loss or Accident:		Location:		
<b>INJURED PERSON (IF APPLICABLE)</b>	Name:		Age:		
	Address:		Phone:	Home      Business	
	Occupation:		Employed by:		
	What was the injured doing when hurt?				
<b>THE INJURY</b>	Nature & Extent of Injury:				
	Where was injured taken after accident?		Name of Doctor:		
	Probable Disability:		Has Injured Resumed Work? YES                    NO		
<b>PROPERTY DAMAGE (IF APPLICABLE)</b>	Owner:	Address:		Phone:    Home    Business	
	List Damage:			Estimated Cost of Repair:	
<b>WITNESSES</b>  <b>IT IS IMPORTANT TO GIVE THE FULL NAME AND ADDRESS OF EVERY WITNESS</b>	Name:		Phone:    Home    Business		
	Address:				
	Name:		Phone:    Home    Business		
	Address:				
	Name:		Phone:    Home    Business		
	Address:				

<p style="text-align: center;"><b>DESCRIPTION OF ACCIDENT</b></p>	<p><b>BE PARTICULAR TO OBTAIN THE NAMES AND ADDRESSES OF DISINTERESTED WITNESSES WHO KNOW ANYTHING ABOUT THE OCCURRENCE, INCLUDING DATE, BADGE NO., OR NAME OF POLICY AUTHORITY TO WHOM THE INCIDENT WAS REPORTED.</b></p>
<p><b>SKETCH – IF APPROPRIATE:</b></p>	

DATE: \_\_\_\_\_ SIGNATURE OF EMPLOYEE: \_\_\_\_\_

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