

Injury Report for Non-Employees

NOT TO BE USED FOR INJURY TO AN EMPLOYEE OR FOR UNIVERSITY OF MICHIGAN PATIENT-CARE ISSUES

REPORT ALL ACCIDENTS RESULTING IN SERIOUS BODILY INJURY TO RISK MANAGEMENT SERVICES AND UNIVERSITY OF MICHIGAN DEPARTMENT OF PUBLIC SAFETY IMMEDIATELY BY TELEPHONE.

ALL ACCIDENTS ARE CONFIDENTIAL IN NATURE. REFER INQUIRIES AND CORRESPONDENCE TO RISK MANAGEMENT SERVICES AT ONCE.

INJURED PERSON AND INJURIES	Name of Person Injured			Date of Birth		
	Address		City	State	Zipcode	
	Apparent Physical Limitations (describe)					
	Nature and Extent of Injuries					
	Work Phone			Home Phone		
	Was First Aid Rendered? If So, By Whom?		Taken to Hospital? If So, By Whom?		Name of Hospital	
TIME AND PLACE	Date of Loss	Time	<input type="checkbox"/> am <input type="checkbox"/> pm	Location (be specific)	Date of Birth	
SECURITY/ POLICE INFORMATION	Security/Police Report Number					
	Agency					
DESCRIPTION OF ACCIDENT	Full Description of Accident Including Contributing Factors (be specific)					
TYPE AND CONDITION OF PREMISES	Premises Type			Lighting	Surface Conditions	
	<input type="checkbox"/> Classroom	<input type="checkbox"/> Lobby	<input type="checkbox"/> Street	<input type="checkbox"/> Natural Daylight	<input type="checkbox"/> Wet	<input type="checkbox"/> Uneven
	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Parking Structure	<input type="checkbox"/> Artificial Light	<input type="checkbox"/> Snowy	<input type="checkbox"/> Defective
	<input type="checkbox"/> Office	<input type="checkbox"/> Stairway	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Dark or Unlighted	<input type="checkbox"/> Rainy	<input type="checkbox"/> Dry
	<input type="checkbox"/> Hallway	<input type="checkbox"/> Loading Area	<input type="checkbox"/> Construction Site	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Insufficient	Other (specify)
	Other (specify)					
WITNESSES (VERY IMPORTANT)	Name		Address (street, city, and state)		Phone	
	Name		Address (street, city, and state)		Phone	
	Name		Address (street, city, and state)		Phone	
	Name		Address (street, city, and state)		Phone	
Prevention Recommendations			Signature		Date of Report	
			Print Name		Title	
			UM Address		Phone	