

STATE UNIVERSITY OF NEW YORK
REPORT OF ACCIDENT OR INJURY
(OTHER THAN A MOTOR VEHICLE ACCIDENT)

1. Campus: 28 _____		2. Date and time of accident: Mo. Day Year Time				3. Date of report: Mo. Day Year				To be completed by Safety Supervisor											
5. Did accident involve personal injury: A) Yes B) No		6. Victim status: A) Student B) Faculty/Staff				C) Patrol Officer D) FSA				E) Patient F) Vendor G) Visitor H) Other (specify _____)											
7. Name of office/department where employee is regularly assigned: _____												4. File ID: _____		Year _____		No. _____		Sequence _____			
8. Sex: A) Female B) Male				9. Date of birth: Mo. Day Year				10. Name of victim (PRINT LAST NAME, FIRST, MIDDLE) _____													
11. Marital status: A) Single B) Married C) Separated D) Divorced E) Unknown				12. Social Security Number: _____				Local address: _____ _____ Tel. _____													
13. Job title and grade: _____												Home Address: _____ _____ Tel: _____									
14. Employment date: Mo. Day Year				15. Was victim in authorized area: A) yes B) No C) Unknown				17. Name of reporter of accident: (PRINT LAST NAME, FIRST, MIDDLE) _____													
16. Reporter of accident: A) Faculty/Staff B) Victim C) Other (specify) _____												Address: _____ _____ Tel: _____									
18. General area of occurrence: A) Dorm B) Dining hall C) Student union D) Academic E) Gym F) Admin. G) Maint. Bldg. H) Road I) Parking Lot J) Grounds K) Hospital L) Other _____				19. Specific area of occurrence: Room: _____				21. If physical injury, type of injury: (SELECT ONE ONLY) A) Abrasion B) Amputation C) Bruise D) Burn (chem.) E) Burn (chem.) F) Concussion G) Cut H) Dislocation I) Fracture J) Laceration K) Puncture L) Swelling M) Tooth (broken) N) Sprain O) Strain P) Other (specify) _____													
20. If physical injury, part of body injured: (ONE ONLY, MOST SERIOUS) A) Abdomen B) Ankle C) Arm D) Back E) Chest F) Elbow G) Eye H) Face I) Finger J) Foot K) Hand L) Head M) Hip N) Knee O) Leg P) Lip Q) Neck R) Nose S) Shoulder T) Spine U) Teeth V) Thigh W) Toes X) Trunk Y) Wrist Z) Other (specify) _____												22. If physical injury, extent: A) Fatal B) Major C) Minor		23. If physical injury, nature: A) Temporary B) Permanent		24. Accident: A) Athletic B) Academic C) Job related D) Other _____					
25. Were safeguards provided: A) Yes B) No				26. Were safeguards in use: A) Yes B) No				27. Are there witnesses: (List in narrative) A) Yes B) No													
28. Medical assistance rendered: A) First aid by staff B) Infirmary C) Hospital D) Ambulance E) Other _____												29. Name and address of physician: _____		30. Name and address of hospital: _____							
31. Has employee returned to work: A) yes B) No				If yes, date: Mo. Day Year				32. Employee have restricted duties: A) Yes B) No													
33. Supervisor notified: A) Yes B) No				Date and time: Mo. Day Year Time				34. Name of Supervisor: _____													

NARRATIVE: (Only give a brief description of who, what, when, where, how, etc.) List witnesses names and addresses.

Report completed by: _____	Title: _____	Date: _____
Safety Supervisor's signature: _____	Title: _____	Date: _____