

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

1. Campus: 28 0 2		2. Date and time of accident: Mo. Day Year Time				3. Date of report: Mo. Day Year			To be completed by Safety Supervisor 4. File ID: Year No. Sequence		
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: _____											
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: _____											
14. Employment date: Mo. Day Year		15. Was victim in authorized area: A) Yes B) No C) Unknown			Home address: _____ Tel: _____						
16. Reporter of accident: A) Faculty/Staff B) Victim C) Other (specify) _____					17. Name of reporter of accident: (PRINT LAST NAME, FIRST, MIDDLE)						
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 _____					Address: _____ Tel: _____						
19. Specific area of occurrence: _____ Room: _____											
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) _____					21. If physical injury, type of injury: (SELECT ONE ONLY) A) Abrasion B) Amputation C) Bruise D) Burn 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) _____						
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: A) Yes B) No (List in narrative)			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.

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