

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

CS-13  
 C2128-681

To be completed by Safety Supervisor  
 4. File ID: \_\_\_\_\_ Year \_\_\_\_\_ No. \_\_\_\_\_ Sequence \_\_\_\_\_

1. Campus: 28 _____	2. Date and time of accident: Mo. _____ Day _____ Year _____ Time _____	3. Date of report: Mo. _____ Day _____ Year _____	
5. Did accident involve personal injury: A) Yes B) No		6. Victim status: A) Student C) Patrol Officer E) Patient G) Visitor B) Faculty/Staff D) FSA F) Vendor 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 C) Separated E) Unknown B) Married D) Divorced		Local address: _____  Tel: _____
12. Social Security Number: X X X X X X		
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	

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 F) Elbow K) Hand P) Lip U) Teeth Z) Other (specify _____) B) Ankle G) Eye L) Head Q) Neck V) Thigh C) Arm H) Face M) Hip R) Nose W) Toes D) Back I) Finger N) Knee S) Shoulder X) Trunk E) Chest J) Foot O) Leg T) Spine Y) Wrist	21. If physical injury, type of injury: (SELECT ONE ONLY) A) Abrasion F) Concussion K) Puncture P) Other (specify _____) B) Amputation G) Cut L) Swelling C) Bruise H) Dislocation M) Tooth (broken) _____ D) Burn I) Fracture N) Sprain E) Burn (chem.) J) Laceration O) Strain
--	---

22. If physical injury, extent: A) Fatal B) Major C) Minor	23. If physical injury, nature: A) Temporary B) Permanent	24. Accident A) Athletic C) Job related B) Academic 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: _____