

FINLANDIA

UNIVERSITY

Accident & Injury Report

Name of Injured Person: _____ Social Security Number: _____ Date of Birth : _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

If Injured Person is an employee, provide title of position: _____ Department: _____

Name of Supervisor, if applicable: _____ Phone: _____

Date of Accident/Injury: _____ Time: _____ a.m. p.m.

Place where accident/injury occurred: _____

Date and time injury reported to supervisor or other university official? _____

What was injured person doing when accident/injury occurred? _____

Describe how accident/injury occurred:

Describe the injury:

Was First Aid administered? Yes No Describe: _____

Was ambulance called? Yes No If yes, was injured person transported by ambulance to hospital? Yes No

Were Police called? Yes No If yes, name of responding unit & officer: _____

Was injured person offered/encouraged to seek medical evaluation immediately by University Official or other person? Yes No

If yes, Name of person: _____ Was medical evaluation sought? Yes No

Did Injured Person initially waive evaluation? Yes No If waived, why: _____

If medical evaluation immediately sought, who transported injured person: _____

Name of treatment facility: _____ Telephone number: _____

Address: _____

Name of physician(s) who treated injured person: _____

Date of initial evaluation or treatment: _____

Describe treatment of injury and treatment: _____

Names and contact information of any witnesses to accident/injury:

Name of person reporting the accident/injury: _____ Phone: _____

Signature of person reporting the accident/injury: _____ Date: _____

Date this report received by University: _____

Claim Number: _____

Phone number of claim adjuster: _____

Anticipated Lost wage claim? yes no Medical only claim? yes no

Other Information that may be relevant to claim: _____

FOR HR USE ONLY

Date claim called into insurance carrier: _____

Person who reported claim to insurance carrier: _____

Fax Number of claim adjuster: _____

Salary Amount : _____ Date of hire: _____
