



Injury Report for Non-Employees

NOT TO BE USED FOR INJURY TO AN EMPLOYEE

REPORT ALL ACCIDENTS RESULTING IN SERIOUS BODILY INJURY TO
EASTERN MICHIGAN UNIVERSITY DEPARTMENT OF PUBLIC SAFETY
IMMEDIATELY BY TELEPHONE 734-487-1222.

ALL ACCIDENTS ARE CONFIDENTIAL IN NATURE.

INJURED PERSON AND INJURIES	Name of Person Injured			Date of Birth	
	Address		City	State	Zip code
	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"/> Laboratory <input type="checkbox"/> Sidewalk <input type="checkbox"/> Parking Structure <input type="checkbox"/> Office <input type="checkbox"/> Stairway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Hallway <input type="checkbox"/> Loading Area <input type="checkbox"/> Construction Site Other (specify)			<input type="checkbox"/> Natural Daylight <input type="checkbox"/> Artificial Light <input type="checkbox"/> Dark or Unlighted <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient	<input type="checkbox"/> Wet <input type="checkbox"/> Uneven <input type="checkbox"/> Icy <input type="checkbox"/> Snowy <input type="checkbox"/> Defective <input type="checkbox"/> Rainy <input type="checkbox"/> Dry 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
			EMU Address		Phone