



# ACCIDENT / INJURY INVESTIGATION REPORT



UNIVERSITY OF SOUTHERN INDIANA

Form revised 5/1/15

**MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF ACCIDENT**

Employee       Student Worker       Student       Visitor       Volunteer

Date of Report  Time of Report   A.M.  P.M.

### INJURED PERSON INFORMATION

Name of Injured   Male  Female

Permanent Address

City  State  Zip

Date of Birth  USI Employee ID #

Telephone: Home / Cell  Telephone: Work

Department  Job Title

Number of hours scheduled to work per week

### WITNESS INFORMATION

Name(s) of Witness

Telephone: Home / Cell  Telephone: Work

### STATEMENT OF INJURED PERSON OR WITNESS

Date of Accident  Time of Accident   A.M.  P.M.

Location of Accident  Type of Injury (e.g., strain, laceration)

Cause of Injury (e.g., slip/fall, lifting)  Part of Body Affected (e.g., arm, leg, back)

Description of Accident

Is Treatment being sought? If so, where?

I authorize the release of any medical information relating to this injury / illness to the University's relevant insurers for review of this claim.

Signature of Injured Person  Date

SECOND PAGE MUST BE COMPLETED BY SUPERVISOR OR PROGRAM DIRECTOR

**TO BE COMPLETED BY THE SUPERVISOR OF THE ACTIVITY OR PROGRAM DIRECTOR**  
(attach additional information if necessary)

Name of Injured Person

Time employee's work day began (if employee)

A.M.  P.M.

Evaluation of how accident occurred / contributing factors


Possible Preventative Actions (actions that have been / will be taken to prevent recurrence)


Work Phone of Supervisor or Program Director

Date signed

Signature of Supervisor or Program Director

Printed Name of Supervisor or Program Director

**FOR HUMAN RESOURCES USE ONLY**

Lost Time  Yes  No

Number of Days

Anticipated Release Date

Work Restrictions


Medical Treatment


EMPLOYEE OR STUDENT WORKER:

FILL IN FORM, FORWARD TO SUPERVISOR FOR COMPLETION. SUPERVISOR EMAIL TO HUMAN RESOURCES AT [usi.leaves@usi.edu](mailto:usi.leaves@usi.edu).

STUDENT, VISITOR OR VOLUNTEER: FILL IN FORM, FORWARD TO SUPERVISOR OR PROGRAM DIRECTOR. SUPERVISOR OR PROGRAM DIRECTOR PLEASE FORWARD TO THE DEPARTMENT OF RISK MANAGEMENT.