

**RISK MANAGEMENT SERVICES**

ARGUS II BLDG.

400 S. FOURTH ST., ANN ARBOR, MI 48103-4816

(734) 764-2200 Fax (734) 763-2043

Submit Claim to Email: Riskmgmt.Claims@umich.edu

WebSite: http://www.umich.edu/~riskmgmt

**INJURY REPORT FOR NON-EMPLOYEES**

NOT TO BE USED FOR INJURY TO AN EMPLOYEE OR FOR UNIVERSITY OF MICHIGAN PATIENT-CARE ISSUES

REPORT ALL ACCIDENTS RESULTING IN SERIOUS BODILY INJURY TO RISK MANAGEMENT SERVICES AND UNIVERSITY OF MICHIGAN DEPARTMENT OF PUBLIC SAFETY IMMEDIATELY BY TELEPHONE.

ALL ACCIDENTS ARE CONFIDENTIAL IN NATURE. REFER INQUIRIES AND CORRESPONDENCE TO RISK MANAGEMENT SERVICES AT ONCE

INJURY PERSON AND INJURIES	<b>NAME OF PERSON INJURED</b>				DATE OF BIRTH	
	ADDRESS		CITY	STATE	ZIP CODE	WORK PHONE
	HOME PHONE					
	APPARENT PHYSICAL LIMITATIONS (DESCRIBE)					
	NATURE AND EXTENT OF INJURIES					
	WAS FIRST AID RENDERED? IF SO BY WHOM			TAKEN TO HOSPITAL? IF SO, BY WHOM		NAME OF HOSPITAL
TIME AND PLACE	<b>DATE</b>		TIME	A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	LOCATION (BE SPECIFIC)
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	<b>PREMISES TYPE</b> CLASSROOM <input type="checkbox"/> STAIRWAY <input type="checkbox"/> LABORATORY <input type="checkbox"/> LOADING AREA <input type="checkbox"/> OFFICE <input type="checkbox"/> STREET <input type="checkbox"/> HALLWAY <input type="checkbox"/> PARKING STRUCT. <input type="checkbox"/> LOBBY <input type="checkbox"/> PARKING LOT <input type="checkbox"/> SIDEWALK <input type="checkbox"/> CONST. SITE <input type="checkbox"/> OTHER _____		<b>LIGHTING</b> NATURAL DAYLIGHT <input type="checkbox"/> ARTIFICIAL LIGHT <input type="checkbox"/> DARK OR UNLIGHTED <input type="checkbox"/> ----- INSUFFICIENT <input type="checkbox"/> SUFFICIENT <input type="checkbox"/>		<b>SURFACE CONDITIONS</b> WET <input type="checkbox"/> DRY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY <input type="checkbox"/> RAINY <input type="checkbox"/> OTHER _____ UNEVEN <input type="checkbox"/> DEFECTIVE <input type="checkbox"/> CRACKED <input type="checkbox"/>	
WITNESSES (VERY IMPORTANT)	NAMES (LIST MORE ON BACK IF NECESSARY)			ADDRESSES (STREET, CITY AND STATE)		PHONE
DATE OF REPORT _____						
PREVENTION RECOMMENDATIONS: _____ _____				SIGNATURE _____		
				NAME AND TITLE (PRINT) _____		
				UM ADDRESS _____ PHONE # _____		