

EMPLOYEES CANNOT USE THIS FORM If you were injured while completing your job duties, you must use the Employee Report of Injury and refer to the Procedures at <https://www.du.edu/risk/workerscompensation>

Personal Information

Full

Injured person's primary affiliation with DU • Student • Alumni • Event attendee • Program participant • Volunteer
• Visitor • Parent of student/participant • Other: _____

Incident/Accident Information

Date of Incident ____/____/____ Date Reported ____/____/____

Time of Injury ____:____ • AM • PM

Accident Location. Please include the building, indoor/outdoor, side of building, room number, etc.:

Did you report the injury to anyone else? • No • Yes if so, to whom? _____

Were you working as an employee or unpaid intern when the injury occurred? • Yes • No. If you answered yes, you must complete the Employee Report of Injury form at <https://www.du.edu/risk/workerscompensation>

If there was a delay in reporting the injury, please explain the reason for the delay: _____

Were there any witnesses to the incident or accident?

Name(s) _____ Relation _____ Phone Number(s) _____

Name(s) _____ Relation _____ Phone Number(s) _____

Provide a detailed description of how the incident/accident occurred. Attach additional pages if needed. Include what you were doing at the time of the injury, surface conditions (icy, wet, dry), equipment being used, specific location, etc.

Body part(s) injured _____ • Left • Right • N/A