 **Insurance and Claims Services**

**INCIDENT INJURY REPORT**

This form is to be used for all injury-related accidents involving university students, participants, visitors, etc. This form should be filled out by the NAU department employee familiar with the incident (e.g. professor, department staff). Return original form to Insurance and Claims Services, PO Box 4067.

This form is not to be used for an employee-related injury. Supervisors must report all employee-related injuries by following two methods: 1) Fill out the [Supervisor’s Report of Injury Form](http://hr.nau.edu/m/files/SRI%202009.doc)  (SRI) and send to NAU Human Resources, Box 4113; and 2) Call State of Arizona, Workers’ Compensation Early Claims Reporting Service at 1-800-837-8583 prior to the end of the shift on the day of occurrence. For more details, visit: [Human Resources Policy 4.06](http://hr.nau.edu/m/content/view/140/150/)

# Police Report #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Box #: \_\_\_\_\_\_\_\_\_\_\_\_

# Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please print)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name of Injured Person**: | | 2. Sex  M  F | 3. Age | | 4. Date of Injury | | 5. Time of Injury \_\_\_\_\_\_\_\_\_\_\_ AM \_\_\_\_\_\_\_\_\_\_\_ PM |
| 6. Home Address  *Street:* | 10. Status of Injured Person:  Student  Visitor/Guest  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 11. Location of Incident (be specific): | | | | | 12. NAU Course Title, Instructor (if applicable): | |
| *City:* |
| *State: Zip:* |
|
| 7. Home Phone Number: ( )  Work Phone Number: ( ) |
| 13. Treating Physician (*name, address, and phone number*): | | | 14. Hospital (*name and address*): | | | |
| 8. Nature of Injury: |
| Part of Body Injured: |
| 9. Severity of Injury  Fatality  Emergency/Hospital  Medical Treatment  First Aid  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 15. Injured person referred:  Campus Health Services  Flagstaff Medical Center  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 16. Method of transportation:  Ambulance Private Vehicle  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 17.  Victim refused transport (reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 18. Describe the Medical Treatment Received by Injured Person: | | | | | | | |
| 19. Describe how the injury/accident occurred as reported by:  Witness  Victim  Employee Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 20. Others injured in same incident (*name, address, phone number*):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 21. List witnesses to accident *(to include name, address, phone number*):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 22. Witness Statement (attach statements to ***Incident Injury Report***): | | | | | | | |
| 23. I have reviewed this document and it accurately reflects the account of my accident/injury:  Signature of injured person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If injured person is unable to sign report, please indicate reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 24. Prepared by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Box #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 25. Reviewing Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**Instructions for Filing an Incident Injury Report**

**On-Campus Incident:**

1. If the injured person requires medical assistance (ambulance service, paramedics) please contact NAU Police at **3-3000**.
2. Notify supervisor or program director concerning injury.
3. Notify NAU Insurance and Claims Services, at **3-2009.**
4. Fill out the ***Incident Injury Report*** and send to NAU Insurance and Claims Services (NAU, PO Box 4067).

**Off-Campus Incident:**

1. If the injured person requires medical assistance (ambulance service, paramedics, police department), please call **911**.
2. Notify supervisor or program director concerning injury.
3. Notify NAU Insurance and Claims Services at **(928) 523-2009**.
4. Fill out the ***Incident Injury Report*** and send to NAU Insurance and Claims Services (NAU, PO Box 4067)

***Northern Arizona University Insurance and Claims Services PO Box 4067 Flagstaff AZ 86011***

***Work Phone: (928) 523-2009 Fax #: (928) 523-1343***

[***http://nau.edu/Insurance-Claims-Services/***](http://nau.edu/Insurance-Claims-Services/)

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