



Report of Accident / Incident

Send completed report by the end of the day to Michi Dubes, Emergency Preparedness Manager, University Police, room 132 or by email to mdubes@ben.edu.

Check one regarding the person involved:

Student Student Worker Faculty Staff Other Click or tap here to enter text.

Name: Click or tap here to enter text.	Campus Phone: Click or tap here to enter text.
If student or other, provide phone number: Click or tap here to enter text.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

ACCIDENT/INCIDENT INFORMATION

Date of Accident/Incident: Click or tap here to enter text.	Time of Accident/Incident: Click or tap here to enter text. <input type="checkbox"/> AM <input type="checkbox"/> PM
Time employee started work the day of the Accident/Incident: Click or tap here to enter text.	
Job Title: Click or tap here to enter text.	Department: Click or tap here to enter text.
Location of Accident/Incident (i.e., Building name, room number, sidewalk east side of Birck): Click or tap here to enter text.	
If the employee died as a result of the Accident/Incident, give the date of death: Click or tap here to enter text.	
If injured off campus, was the activity University Sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Activity: Click or tap here to enter text.
Describe the Accident/Incident: Click or tap here to enter text.	
What object or substance, if any, directly harmed the employee? Click or tap here to enter text.	
Body Part Affected: <input type="checkbox"/> Right <input type="checkbox"/> Left Describe: Click or tap here to enter text.	Was the Accident/Incident due in any way to defective equipment and/or materials or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: Click or tap here to enter text.	
Witness Name: Click or tap here to enter text. Witness Phone Number: Click or tap here to enter text.	Witness Name: Click or tap here to enter text. Witness Phone Number: Click or tap here to enter text.

Signature of Injured Person:	Date:
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Signature of Employee Supervisor:	Date:
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