

Accident Report
(Non- Motor Vehicle)

RETURN TO ENVIRONMENTAL HEALTH, SAFETY & RISK MANAGEMENT AT MAIL DROP 8284

The following information should be submitted by the instructor, supervisor or other university employee having knowledge of an accident whenever a student, vendor or campus visitor is injured on university property or during a university sponsored activity and/or if personal property damage is incurred. All injuries, other than first aid, should be reported. Please report immediately if a serious injury occurs and within 48 hours for others. If more space is needed, please provide additional pages.

Contact EH & S for questions: (818) 677-2401.

(Not for Employee Injuries. This is a confidential, internal report.)

NAME OF INJURED PARTY: (Last, First, MI): _____ Date of Injury: _____

CSUN ID #: _____ Phone: _____ Email: _____

Address: _____

CAUSE OF INJURY: (Why did it happen?) _____

PART OF BODY INJURED: (List each body part) _____

LOCATION OF ACCIDENT: (Be specific) [CSUN Campus Map Link](#)

MEDICAL INSURANCE? Yes No Unknown If "Yes", Detail": _____

CAMPUS POLICE RESPONDED? Yes No If "Yes", Name of Officer: _____

INJURED TREATED AT OR BY: Given First Aid Student Health Center Hospital/Doctor

Ambulance none Unknown

DESCRIPTION OF UNIVERSITY OR PERSONAL PROPERTY INVOLVED: _____

UNIVERSITY PERSON REPORTING:

Name: _____ Department: _____ Phone: _____

WITNESSES:

Name 1 (*Last, First, MI*) : _____ Work Phone: _____ Home Phone: _____

Address: _____

Name 2 (*Last, First, MI*) : _____ Work Phone: _____ Home Phone: _____

Address: _____

Name 3 (*Last, First, MI*) : _____ Work Phone: _____ Home Phone: _____

Address: _____

FOLLOW UP:

Corrective Action Taken or Recommended: (*List on separate page if necessary*)

Preparer of Accident Report: _____

Signature: _____ **Date:** _____

PLEASE PRINT THIS FORM DOUBLE-SIDED

Rev. (5/2010)