

## Risk Management Division Notice of Injury Explanation / Description of Accident

## Form must be completed by the injured employee unless circumstances dictate otherwise.

Employee Name:		School/Department:	
Date of Accident:	Time of Accident:	Accident Location:	
Witness to Accident:			
Employee's Description	of Accident (be specific to all	l body parts injured; i.e., right or left arm,	pointer finger, etc.,
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		or deceive any employer or employee, insurance e or misleading information is guilty of a felony	
Employee Signature (if ab	ole to sign):	Date:	
Witness Signature:		Date:	
If the injured emp	ployee did not complete this st	atement, provide the name of the person	who did:
Name:		Position:	

Forward this form to Risk Management upon completion.

 $Form\ No.:\ RMGT-2324-003-Notice\ of\ Injury\ Explanation\ /\ Description\ of\ Accident\ /\ Risk\ Management$ 

New Date: 6/7/23