

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 al	l body parts injured; i.e., right or left arm, p	ointer finger, etc.,
Any person who, knowingly insured program, files any sta	y and with intent to injure, defraud of tement of claim containing any falso	or deceive any employer or employee, insurance or or misleading information is guilty of a felony of	company or self- of the third degree.
Employee Signature (if all	ble to sign):	Date:	
Witness Signature:		Date:	
If the injured emp	ployee did not complete this st	atement, provide the name of the person v	vho did:
Name:		Position:	

Forward this form to Risk Management upon completion.

Form No.: RMGT-819-004 - Notice of Injury Explanation / Description of Accident / Risk Management

Revised Date: 9/4/19