BRIGHAM YOUNG UNIVERSITY

INJURYREPORT

DO NOT USE FOR WORKERS' COMPENSATION OR ILLNESSES.
ALL INJURIES SHOULD BE REPORTED WITHIN 24 HOURS.

Date of Injury: / / 200 **Time of Injury**: ☐Morning ☐Afternoon ☐Night

Name of Injured Person (Print):

Temporary Address: ZIP

Permanent Address: ZIP

Phone Numbers: Home: Cell: Campus/Work:

Person Is: ☐an Adult ☐a Minor Age: **Birth Date**: / / ☐Female ☐Male

Program Participant?: ☐EFY ☐Sport's Camps ☐BYU Performance Group ☐Field Trip ☐Other:

Status of Person at Moment of Injury: ☐Student ☐Staff (off-clock) ☐Visitor/Guest ☐NonStudent BYU-Tenant

Accident Location: ☐Indoors ☐Outdoors ☐BYU Campus ☐Provo City ☐Other: State:

Identification of Playing Field, Building Area, Room, or Other:

How Injury Happened: _____

_____

_____

_____

Witnesses: Name Phone Numbers:

_____ _____

_____ _____

_____ _____

Injuries (suspected and known - include details such as right/left, upper/lower, front/back, top/bottom.):

_____

_____

Supervisor of Activity: _____ Phone No.: Work Home

Person Filling Out This Form: _____ Phone No.: Work Home

Date Form Filled Out: / / 200___

NOTE: THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY BYU.

Submit to: Claims Manager ▪ BYU Risk Management &Safety ▪ TOMH ▪ Provo, UT 84602-0100 Fax: 422-0710 or 0711