

MICHIGAN STATE UNIVERSITY

INJURY /PROPERTY DAMAGE REPORT

In the event of an accident at any 4-H event under your supervision, please complete and return to:
 Lapeer County MSU Extension
 1800 Imlay City Rd., Suite 1
 Lapeer MI 48446

Office of Risk Management & Insurance
 113 Olds Hall
 East Lansing, MI 48824-1047
 Phone (517) 355-5022
 E-mail: risk.management@cltr.msu.edu

Please fill out immediately and return within one day. Sign your name where it says, "MSU employee completing form"

Please PRINT or TYPE **THIS FORM IS A CONFIDENTIAL – INTERNAL DOCUMENT TO BE COMPLETED BY MSU EMPLOYEE**

TIME & PLACE	Date/Time of Incident	Location: Street, City, MSU Bldg. Rm # (Be Specific)			
PREMISES CONDITION	Type of Premises		Conditions		Reported to Police Dept.:
	<input type="checkbox"/> Construction Site	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Dry	<input type="checkbox"/> Uneven Surface	Report Number
	<input type="checkbox"/> Hallway	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Icy	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Lobby/Entrance	<input type="checkbox"/> Stairway	<input type="checkbox"/> Snowy		
	<input type="checkbox"/> Office	<input type="checkbox"/> Street	<input type="checkbox"/> Wet		<input type="checkbox"/> Not Reported
	<input type="checkbox"/> Other:				
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED:				
INJURED PERSON	NAME		AGE	PHONE #	
	ADDRESS				
DESCRIPTION OF INJURY	INJURY - Describe the type, severity, and body part involved				
	Was Medical Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later <input type="checkbox"/>				
	Name of Medical Facility/Doctor		<input type="checkbox"/> Transported by Ambulance		
		<input type="checkbox"/> Transported by Other:			
PROPERTY DAMAGE	OWNER'S NAME		ADDRESS	PHONE #	
	Describe the property and the damage				Estimated Repair/Replacement Cost
WITNESSES LIST THE FULL NAME & ADDRESS OF EACH WITNESS	NAME		ADDRESS	PHONE #	

NAME/TITLE OF MSU VOLUNTEER OR EMPLOYEE COMPLETING THIS REPORT:

PHONE:

MSU DEPARTMENT:

DATE: