



INJURY/PROPERTY DAMAGE REPORT

Office of Benefits and Risk Management

32 Canfield Administration

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Please PRINT or TYPE

THIS FORM IS A CONFIDENTIAL – INTERNAL DOCUMENT TO BE COMPLETED BY UNL EMPLOYEE

TIME & PLACE	Date/Time of Incident	Location: Street, City, UNL Bldg. Rm #		
PREMISES CONDITION	Type of Premises		Conditions	
	<input type="checkbox"/> Construction Site	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Dry	<input type="checkbox"/> Uneven Surface
	<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"/> Other:			
				Reported to Police Dept.:
				Report Number:
				<input type="checkbox"/> Not Reported
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 GIVE THE FULL NAME & ADDRESS OF EACH WITNESS	NAME	ADDRESS	PHONE#	

NAME/TITLE OF UNL EMPLOYEE COMPLETING THIS REPORT: _____ PHONE: _____ E-MAIL: _____

UNL DEPARTMENT: _____ DATE: _____

NAME/TITLE OF UNL EMPLOYEE'S SUPERVISOR: _____ PHONE: _____ E-MAIL: _____

SUPERVISOR'S SIGNATURE: _____