

**ELON UNIVERSITY**  
**ACCIDENT AND INJURY REPORT**

**Person injured or involved in accident:**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Check one:            faculty                            staff                            student                            other

Campus address or home address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Department (if applicable) \_\_\_\_\_

**Description of injury or accident:**

Date of injury or accident \_\_\_\_\_ Time \_\_\_\_\_

Location of incident \_\_\_\_\_

Was an Elon University vehicle involved in the accident?            Yes                            No

If so, check the following:            Cushman                            Car                            Van                            Other

License plate number of the university vehicle involved \_\_\_\_\_

Description of how incident occurred \_\_\_\_\_  
\_\_\_\_\_

Description of cause of injury or accident \_\_\_\_\_  
\_\_\_\_\_

What measures could be taken to prevent this type of injury or accident from occurring again? \_\_\_\_\_  
\_\_\_\_\_

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**Please return this form to Administrative Services, CB 2110/Alamance 213.**

**Note: Employee must also report immediately to the Office of Human Resources to file a worker's compensation claim if accident resulted in injury.**