

<div>VINCENNES UNIVERSITY</div> <div>ACCIDENT/INJURY INVESTIGATION REPORT</div>				
Employee	Student Worker	Student	Visitor	Volunteer
Date of Incident: _____		Date of Report: _____		
Time: _____		AM	Time: _____	AM
		PM		PM
Injury/Exposure		Property Damage/ Environmental		Worker's Compensation

INJURED PERSON INFORMATION			
Name of Injured: _____		Male Female	
Permanent Address: _____			
City: _____		State: _____	Zip: _____
Date of Birth: _____		Email: _____	
Telephone: _____		Work Telephone: _____	
Department: _____		Job Title: _____	
Number of hours scheduled to work each week: _____			

WITNESS INFORMATION			
Witness:	_____	Witness:	_____
Telephone:	_____	Telephone:	_____

STATEMENT OF INJURED PERSON OR WITNESS		
Location of Accident: _____		
Injury of Illness Classification:		
Animal bite or sting	Assault	Heat burn
Chemical irritation/burn	Cut	Electrical Shock
Repetitive motion	Slip, trip or fall	Strain or Sprain
Struck by an object	Exposure to blood	Other (explain):
Foreign object in eye	Needlestick puncture	_____
Part of Body Affected (e.g. arm, leg, back): _____		
How did injury occur? _____		
Is treatment being sought? If so, where? _____		

**\*COMPLETED FORM MUST BE EMAILED IMMEDIATELY TO RISK@VINU.EDU\***

TO BE COMPLETED BY SUPERVISOR FOR EMPLOYEE INJURY/ILLNESS (ATTACH ADDITIONAL INFORMATION, IF NECESSARY)	
Time employee's work day began: _____	AM PM
Evaluation of how accident occurred/contributing factors:	
Possible Preventative Actions: (Actions that have been/will be taken to prevent recurrence)	
Signature of Supervisor _____	Date _____
Printed Name of Supervisor _____	Supervisor Telephone _____

PROPERTY DAMAGE/ENVIRONMENTAL					
Type:					
Fire/Smoke		Theft		Wind Damage	
Flood/Water		Chemical Release		Odor	
Suspicious Material/Package		Alarm		Spill	
Lightning		Auto		Other	
Property/material/equipment damaged or lost (attach photos):					
Nature of damage: _____					
Object/substance inflicting damage: _____					
Approximate value of damage: _____					
Chemical/Hazardous Material involved: _____					
Ambulance	Yes	VU Police	Yes	Fire Dept	Yes
Notified?	No	Notified?	No	Notified?	No
Was anyone injured or exposed?		Yes		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>For Questions, Please Contact Michael Morrison @ (812)888-5736.</b> </div>	
		No			

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