UNIVERSITY OF CALIFORNIA, BERKELEY
OFFICE OF RISK MANAGEMENT
ACCIDENTAL INJURY REPORT

INSTRUCTIONS: Prepare this report for ANY non-work related injury which MAY require first aid or medical attention. Return the completed form immediately to the Office of Risk Services, 2130 Center Street Suite 200, Mail Code 4208 or fax to 510-643-0281.

Name of Injured:___________________________________________________________ Age:_______
Address:___________________________________________ Telephone: ______________________
Gender Identity: ________________________________________
Status: Student _____ Employee _______ Visitor_____
Date of Accident:_____________________________ Time of Day: ____________ A.M./P.M.
Person in Charge of Area or Activity:______________________________________________
UC Police Called? Yes______ No______ Person Refused Call to Police_______
Was Injured Person Transported to a Hospital?  Yes__  No__  If yes, name of hospital_____________

DETAILS OF ACCIDENT: Please describe fully the location of the accident, the circumstances under which it occurred, conditions (environment, weather, etc.) that might have been a factor, and whether tools, instruments, or other people were involved. (On the reverse side, please diagram the location of the accident.)

DESCRIPTION OF INJURY: Please describe the nature of the injury (specify part of the body injured).

DESCRIPTION OF ASSISTANCE RENDERED: Please indicate any first aid measures provided prior to treatment at a medical facility.

Name of reporting department:_________________________________________________________
This report prepared by_______________________________________________________________
Date:____________________________
Campus Address:_____________________________ Phone:______________________________
This report reviewed by (Department Representative)______________________________________
Reviewer's Campus Address:_________________________________________________________ Phone___________________ Date:____________________________

ORM-10/2016