



**INJURY/PROPERTY DAMAGE REPORT**

Office of Benefits and Risk Management

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Please PRINT or TYPE

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

<b>TIME &amp; PLACE</b>	Date/Time of Incident	Location: Street, City, UNL Bldg. Rm #		
<b>PREMISES CONDITION</b>	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
<b>INCIDENT DESCRIPTION</b>	DESCRIBE WHAT HAPPENED:			
<b>INJURED PERSON</b>	NAME		AGE	PHONE #
	ADDRESS			
<b>DESCRIPTION OF INJURY</b>	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:		
<b>PROPERTY DAMAGE</b>	OWNER'S NAME		ADDRESS	PHONE #
	Describe the property and the damage			Estimated Repair/Replacement Cost
<b>WITNESSES GIVE THE FULL NAME &amp; ADDRESS OF EACH WITNESS</b>	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: