



Department of Risk Management & Insurance  
Administrative Services Building III, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559  
Phone: (732) 932-7300 Fax: (732) 932-2580

**INJURY REPORT FORM FOR STUDENTS OR PUBLIC**

Date Reported: \_\_\_\_\_ Reported By: \_\_\_\_\_  
Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_  
Campus Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**INJURED PERSON**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student  Public  
Reason on campus: \_\_\_\_\_

**INJURY**

Was the person taken to a doctor or hospital? Yes  No   
If yes, where? \_\_\_\_\_

**ACCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Campus: \_\_\_\_\_ Location: \_\_\_\_\_  
Description of the Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Cause of the Accident: \_\_\_\_\_  
\_\_\_\_\_  
Were Police or Emergency Services contacted? Yes  No

Name of Witness(es)	Phone	Address	City	State	Zip

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE MAIL OR FAX COMPLETED FORM TO RISK MANAGEMENT**