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WESTERN MICHIGAN UNIVERSITY  
ACCIDENT/INJURY REPORT FORM 311

Accident Number: \_\_\_\_\_

<b>Name of Injured</b>  (Last) (First) (Middle Initial)			<b>Western Identification # (WIN)</b>	
<b>Was Medical Attention Received?</b> Yes No		<b>Where?</b>	<b>Hospitalized?</b> Yes No	<b>Went to Emergency Room?</b> Yes No
<b>Injured Party Affiliation</b> (Circle One) Employee Student Employee Student Visitor	<b>If Employee List</b> (Position) (Department)	<b>Sex</b> Male Female	<b>Date of Birth</b>	
			<b>Date of Hire</b>	
<b>Address (Work/Local)</b>			<b>Phone Number (Work/Local)</b>	
<b>Date of Accident</b>	<b>Time of Accident</b> A.M. P.M.	<b>Location of Accident</b> (Building) (Room/Floor)	<b>Time Started Work</b> A.M. P.M.	
<b>Cause of Injury</b>	<b>General Activity</b>	<b>Injury Description</b>		
<b>Part of Body Injured</b> Left Right	<b>Injury Agent/Contributing Factor</b>			
<b>Briefly Describe the Accident</b> <i>What was the injured party doing right before the accident and then what happened?</i>				
<b>Action Taken to Prevent Accident/Injury Reoccurrence</b>				
<b>Witness Name</b>			<b>Witness Address and Phone Number</b>	
<b>*The employee's signature is required, but does not imply agreement/disagreement with the facts as presented. The supervisor attests only that the facts are accurate to the best of his/her knowledge or as reported to him/her.</b>				
<b>*Signature of Injured Party</b>		<b>Date</b>	<b>*Signature of Supervisor</b>	