



Department of Risk Management & Insurance
Administrative Services Building III, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559
Phone: (848) 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

Table with 6 columns: Name of Witness(es), Phone, Address, City, State, Zip

Signature Date

PLEASE MAIL OR FAX COMPLETED FORM TO RISK MANAGEMENT