

FIRST REPORT OF ACCIDENT

[Non-work related injuries]*

Incident Information: Date: _____ Time: _____ Location: _____

Who was injured and/or suffered loss? (Name, age, address, telephone)

Was this individual: Faculty/Staff Student Campus Visitor
*[Work related injuries **MUST** be reported on DIA form 101 available from Human Resources, x2503.]

What happened? _____

Was medical treatment provided? Yes No By whom: _____
Treatment Provided: _____

Who is making out this report? _____
Name Telephone
Address/Office City State Zip

Who else saw it happen? (Witnesses: Name, address, telephone)

Date Report Filled-out

Signature of Individual Filling-out Report

In case of medical emergency or other need of immediate assistance, call CAMPUS POLICE 1-911 (cell phone or off-campus: 413-538-2304).
Fill out this form as completely as you are able and promptly send to: Environmental Health & Safety,
50 College Street, South Hadley, MA 01075