Personal Injury Report Andrews University

To be completed by the injured person.

Your name Daytime Phone Your age Home address Your occupation	Information about you		
Your employer Your occupation Information about the accident 1. Was the accident job-related? If yes, please see your employer about workers' compensation benefits. 2. Where did the accident occur (be as specific as you can). 3. What was the date and time that the accident occurred? 4. What was the nature of your injury? 5. Please describe what happened.	Your name	Daytime Phone	Your age
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6. What were you doing when the accident happened?	5. Please describe what happened.	·	
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6. What were you doing when the accident happened? 7. What were the weather conditions when the accident occurred? 8. Did anybody see the accident happen? If so, provide their names and phone numbers. Name Phone It is on on what date(s)? Who was the medical provider? It is on on what date(s)? Name It is on on what date(s)? It is on on what date(s)? It is on on what date(s)?			
1. Did you receive medical treatment? If so, on what date(s)? Who was the medical provider? 2 As of today (the date you are completing this form), do you still have any symptoms related to this accident? If so, please describe them Your signature Date For office use RHH notified (date) Investigation requested (date)	 What were the weather conditions v Did anybody see the accident happen Name	ident happened? when the accident occurred? en? If so, provide their nan Phone Phone Phone	nes and phone numbers.
Who was the medical provider? 2 As of today (the date you are completing this form), do you still have any symptoms related to this accident? If so, please describe them. Your signature Pate For office use RHH notified (date) Investigation requested (date)	Follow-up information		
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