



University of Toronto

BUSINESS AFFAIRS DIVISION - Risk Management and Insurance Department

Personal Injury Incident Report

(Complete this report in block letters please)

Name of department/division:

Name & title of individual completing this report:

Contact information: Phone ()

E-mail:

Incident information: Date (d/m/y):

Time:

am/pm

Location of incident: Building

Room #

Address:

If location of incident outside, describe where:

Description of exact site of incident and any contributing physical site condition or possible cause:

Describe exactly what happened in injured person's own words if possible (attach separate report if necessary):

What was injured person doing immediately before incident occurred?

Did injured person's actions cause or contribute to the incident? Yes No If yes, how?

Was another person alleged to have caused the incident? Yes No If yes, who (Name, address, phone)

.../2

Personal Injury Incident Report (cont'd)

Injured person information: Name _____

Home address: _____

Phone () _____

Student at University

Visitor

Additional information for specific situations if relevant:

Age: _____

Sex: F M

Height: _____

Weight: _____

Eye glasses: Yes No

Footwear: _____

Clothing: _____

Any medical condition: _____

Injury description (Its nature and extent, part of body involved):

Treatment received? Yes No If yes, by whom: _____

Medical assistance offered? Yes No Accepted? Yes No If so, specify type (first aid, medical aid, hospitalization, other):

Witness information (Identification is vital):

Name: _____

Home address: _____

Phone () _____

Age: _____

Sex: F

M

Student at University

Employee of University

Visitor

Police Investigation:

Who called UofT Campus Police or Toronto Police to the scene?

Officer's name: _____

Badge number: _____

Occurrence/Incident report number: _____

Signature _____

Date _____

**Make sure that the injured person receives immediate first aid. Call an ambulance if necessary.*

**Letters from an injured person or his/her lawyer must be sent immediately to the Risk Mgmt and Insurance Dept.*

**Do not admit liability. Legal liability is a complex matter.*

Complete this form and send to both
The Risk Management and Insurance Department ♦ Fax (416) 971-3061 and
The Office of Environmental Health and Safety ♦ Fax (416) 971-1361