



AMERICAN UNIVERSITY
WASHINGTON, DC

Accident Investigation Form

- 1. Call in all incidents as soon as possible, but no later than 24 hours after the incident to the Travelers' Claim Office at 1-800-238-6225.
2. Be prepared to give the operator as much of the following information as possible.
3. Notify the Risk Management Office that the injury has occurred by phone at 202-885-6813, email at revans@american.edu, or fax at 202-885-2330.

Supervisor's Name Title Phone Number

Injured Employee's Name SSN Sex (M/F) Date of Birth Marital Status

Injured Employee's Mailing Address

Injured Employee's Home Address (if different from above)

Injured Employee's Home Phone Number
Injured Employee's Employment Status (Full-Time/Part-time)
Injured Employee's Occupation when Injured
Injured Employee's Date of Hire
Date of Injury
Time of Injury
Accident Location
Did employee lose anytime from work?
Date employee last worked
Did employee return to work? (If yes, date returned)
Part of Body Injured (e.g. head, neck, arm, leg)
Nature of Injury (e.g. fracture, sprain, laceration)
Was a motor vehicle involved?

Please describe the accident. Include the cause of the accident (e.g. slip, lifting, chemical), any contributing factors, equipment involved, etc. Also include the names and numbers of any witnesses or involved parties. If there are circumstances that give you reason to suspect that the above injury may be fraudulent, please describe and notify the Risk Management Office at 202-885-6813.

Blank lines for accident description