

Employee Name (Last, First, MI)			Empl ID	Date of Hire	FT/ PT	Classification
Employee Home Address (include zip)					Employee Home Phone #	
Name of Employee's Direct Supervisor			Your Name (if not direct supervisor)		Your Title	
Work Location/Department		Work Phone		Employee's Job Title		
Date of Injury	Time of Incident	Start Time	Date Injury Reported	Time reported	How Did You Learn of the Injury?	
Activity Engaged in at the Time of Injury			Usual Job Duty	Location Where Incident Took Place		
Witnesses (Include name, title, and how witnessed)					Did You Speak With Witnesses?	
How Did the Injury Occur? Describe Sequence of Events and Any Objects or Substances Which May Have Contributed						
Have You Spoken to the Employee Directly?		What Did the Employee Tell You About the Incident?				
Type of Injury and Body Parts Affected					Treatment Received	
Name, Address/ Phone Number of Treatment Facility					Dates missed from Work	
Did Employee Treat Anywhere Else?		Corrective Action taken Post Incident				
Corrective/Preventative Actions required?						
How can This Type of Injury or Incident Be Prevented in the Future?				Any Other Relevant Information?		
I attest that all the above information is true and accurate to the best of my knowledge.						
Supervisor Signature (Do Not Type Name)					Date	

Submit to the Office of Human Resources (OHR) within 24 hours of the report of an injury.

Fax 410-704-6320, email leavebenefits@towson.edu.

If you have any questions, please call the OHR at 410-704-2162.