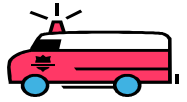


BRIGHAM YOUNG UNIVERSITY



GENERAL-INJURY REPORT for Departments

Do not use for Workers' Compensation or Sickness

THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY BYU.

Name of Injured Person (Please print):	Age:	Date of Injury: / / 201__
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Program Involved:
EFY Sport Camp BYU Performance Group Field Trip Classroom/Lab Other:

Status of Injured Person: Student Visitor/Guest BYU Employee (off-clock) Other:

If injured person is a minor, use parent contact information here: Name: Address

Phone Numbers: Cell: Home: Work:

Current Address:

Other Address:

Phone Numbers: Cell: Home: Work:

Type of Activity: Supervisor:

How did injury happen?:

Describe Injury (Be specific.):

Witness Name Phone Number:

Witness Name Phone Number:

Name of Person Filling Out Form (print): Phone: BYU Employee: Your Dept. (its' full name):

Date Form Filled Out: / / 201__ Injury Update (if any):

Submit to: BYU Risk Management 250 FB • FAX 801 422-0710 • david_lawrence@byu.edu • insurance_assistant@byu.edu