



NORTHEASTERN UNIVERSITY

ACCIDENT/INCIDENT/NEAR MISS REPORT FORM

(For reporting University-related injuries, illnesses and near misses)

This report involves a: Student Employee Visitor

The Accident/Incident/Near Miss occurred: On Campus Off Campus

Complete this form for any incident that results, or may result, in injury or property damage which occurs on Northeastern University property or at any University sponsored event on or off campus.

The University staff person in charge of the department or event is responsible to send completed form to risk@northeastern.edu or deliver in person to Risk Services CP 301 **within 24 hours**.

* Note this should not be used for Workers Compensation. To report an employee injury, please complete and submit the Workers Compensation Accident Report Form.

Questions? Please contact Risk Services at (617) 373-7167 or email us at: risk@northeastern.edu.

ACCIDENT/INCIDENT/NEAR MISS INFORMATION (IF MINOR PROVIDE PARENT/GARDIAN'S INFORMATION AS WELL)		
Name of involved party: (LAST NAME, FIRST NAME)	NU ID (if applicable):	Date of Birth:
Home Address: (INCLUDE CITY & STATE)		
Preferred Phone:	Preferred Email:	
Date and Time of Occurrence:	Weather Conditions:	
Location of Occurrence: (INCLUDE CITY & STATE)		
Event/Program (if applicable):		
Description of incident/near miss. Attach a separate sheet if needed:		
If injured, describe specifics:	Describe any damage:	
Witness name & preferred contact:		
Submitters name & preferred contact:		

Attach any relevant photos/receipts/other documentation as necessary.

Submitted (Sign) : _____ Date: _____