



ACCIDENT REPORT

Office of Human Resource Management
441 East Fordham Road
Bronx, New York 10458

Employee Information			
Last Name	First Name	Middle Name	Fordham ID A
Street Address		City	State Zip Code
Employee's Age	Department		Employee Classification

Accident Information	
Date of Occurrence	
Place	
Witnesses	
Description of Occurrence	
Extent of Injury	
Describe Immediate Medical Care (List name and address of doctor, hospital, etc..)	
Did employee return to work the same day? If no, specify?	
Other Information	

Applicant's Certification and Agreement	
I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.	
Applicant Signature: _____	Date: _____