

Buffalo State
Employee Personal Injury/Illness Form

Instructions: Complete Parts I and II and sign and forward to Human Resource Management, CLEV 403. Please contact the Accident Reporting System (ARS) at 1-888-800-0029 toll free, to report the incident. If you have any questions, please contact the Human Resource Management at 878-4822.

PART I - PERSONAL INFORMATION		
Name:	Department:	
Home Address:	Supervisor:	
Home Phone:	Occupation:	
Campus Address / Phone Number:	Date of Hire:	
Negotiating Unit:	Pass Days:	Salary:
PART II - INCIDENT INFORMATION		
Accident Date and Time (include AM/PM):	Witnesses:	
Location of Accident: (building, room no., parking lot no.)	Medical Treatment Provided: (check if applicable) <input type="checkbox"/> First Aid by Staff <input type="checkbox"/> Hospital <input type="checkbox"/> Personal Physician	
Part of body injured:	Name, Address & Telephone Number of Doctor/Hospital:	
Type of injury: (e.g. bruise, burn, cut, fracture, puncture, swelling, sprain, strain, etc.)	Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date and time:	
Description of incident: (Include causal factors that contributed to the accident. Please be specific and include as many details as possible. Attach additional sheets if necessary.)		
NYS ARS Incident #:		
Report Completed by: _____ Date: _____		
Any person who knowingly with intent to defraud makes a materially false statement, or conceals a material fact to obtain a benefit, shall be guilty of a crime and subject to fines and imprisonment. Reports suspected of workers' compensation fraud will be sent to the Workers' Compensation Fraud Inspector General in Albany, NY.		
Employee Signature: _____ Date: _____		
HRM use only		
<input type="checkbox"/> Process C-2 if medical treatment received and or Lost Time		

C: Supervisor
 Environmental Health & Safety Office

Revised 12/2023