Office of Risk Management Northwestern University
2020 Ridge Avenue
Suite 240
Evanston, Illinois 60208-4335

Reynold J. Andre
Claims Manager

Phone: (847) 491-5582
Fax: (847) 467-7475
Email: randre@northwestern.edu

NORTHWESTERN
UNIVERSITY

Workers' Compensation Employee Accident Statement Form

Name _____

Date _____ Birthdate _____

Occupation _____ Supervisor _____

Accident Date _____ Accident Time _____

Accident Location _____

Injuries Sustained _____

Date Reported _____ Reported to Whom _____

Duties being performed when accident occurred _____

_____

Witnesses _____ _____

_____ _____

Detailed Accident Description _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employee Signature _____

All University employees who sustain work related injuries are required to complete the Workers' Compensation Accident Statement Form in its entirety. Completed forms should be mailed or faxed to the Office of Risk Management. See above.