



Category:  
Legal and Compliance

Responsible Office:  
[University Counsel](#)

Procedure Title:  
Reporting Accidents

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This procedure item applies to:  
State-Operated Campuses

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## Summary

This procedure assures the correct, adequate, and prompt reporting of all accidents, injuries, fatalities and fires that occur at a State University of New York (University) campus and that all necessary offices and agencies receive notification of each injury and fire.

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## Process

- I. When an accident, injury, fatality or fire occurs at a State University of New York (University) campus it shall be documented and reported to the offices and agencies indicated in this procedure.
- II. Use one report form for each person injured. If the injured person has multiple injuries, in a single accident, indicate only the most serious injury in item 20 on the CS-13 (or on the appropriate line of a campus specific Accident/Injury Report Form). List other injuries in the narrative. If other persons are involved but they are not injured, include such persons on the report form for the injured party. If it is later determined that one of the uninjured person did receive an injury, a report should be completed at that time, indicating all of the circumstances and the reason for the late completion of the form.
- III. Injuries to an Employee at Work
  - A. Supervisor of Injured Employee
    1. Contact safety/public safety supervisor; or
    2. Fill out the appropriate sections of form CS-13: Report of Accident or Injury (Other than a MV Accident) (or a campus specific Accident/Injury Report Form) and forward all others to the safety/public safety supervisor.
  - B. Safety/Public Safety Supervisor
    1. Complete form CS-13: Report of Accident or Injury (Other than a MV Accident) (or a

campus specific Accident/Injury Report Form);

2. retain one copy; and
3. forward one copy to counsel's office and one copy to the human resources office.

C. Human Resources Office

1. Pursuant to NYS Worker's Compensation Law promptly submit [form C-2](#) (Employer's Report of Accident) via the NYS Civil Service Accident Reporting System (ARS);
2. log reported case (and all correspondence related to such case) in a confidential file for at least two years pursuant to NYS Workers' Compensation Law §28; and
3. report accident to [NYS Department of Labor Division of Safety & Health](#).

D. Injured Employee

1. If possible, report the incident to the NYS Department of Civil Service's [Accident Reporting System](#).
2. Complete Employee's Claim for Compensation [form C-3](#), which will be sent by the [NYS Workers' Compensation Board](#).

E. Counsel's Office

1. Send a copy of incident reports (campus specific and/or CS-13) and a letter to the office of NYS attorney general (AG). The letter shall include the name of the person involved and the date of accident and shall be arranged first chronologically, then alphabetically for any particular date, as in the following sample:

<u>Name</u>	<u>Date of Accident</u>
Bill Smith	1-14-76
John Jones	1-17-76
Joseph Martin	1-17-76

IV. Multiple Hospitalization of Employees

- A. 12 NYCRR § 801.39 requires that an employer must, within eight (8) hours, orally report by telephone or in person to the nearest office of the New York State Department of Labor, Division of Safety and Health (DOSH) the in-patient hospitalization of two (2) or more employees as a result of a work-related incident.

V. Death of an Employee at Work

- A. 12 NYCRR § 801.39 requires that an employer must, within eight (8) hours, orally report by telephone or in person to the nearest office of the NYS DOSH the death of any employee in the work environment, regardless of the cause.
- B. Pursuant to NYS DOSH Instructions [SH901.7](#) the employer must record an injury or illness that results in death by entering a check mark on the [SH 900 Log](#) in the space for cases resulting in death. The employer must also report any work-related fatality to the Commissioner within eight (8) hours, as required by section 801.39.

VI. Injuries to Other Than an Employee at Work

A. Supervisor Where Injury Occurs

1. Contact campus safety/public safety supervisor; or
2. Fill out the appropriate sections of form CS-13: Report of Accident or Injury (Other than a MV Accident) (or a campus specific Accident/Injury Report Form) and forward all others to the safety/public safety supervisor.

B. Safety/Public Safety Supervisor

1. Complete form CS-13: Report of Accident or Injury (Other than a MV Accident) (or a campus specific Accident/Injury Report Form);
2. retain one copy;
3. forward one copy to counsel's office and one copy to the human resources office; and
4. because the [Dormitory Authority State of New York \(DASNY\)](#) has insured itself against claims resulting from accidents happening on or about the residence halls at University campuses, when the injury occurs at these properties forward one copy of form CS-13 (or a campus specific Accident/Injury Report Form) to:

Director of Risk Management  
 Dormitory Authority  
 State of New York  
 515 Broadway  
 Albany, NY 12207-2964; or

5. in the event that a serious injury or serious fire occurs at a University residence hall, telephone the director of risk management at the Dormitory Authority as soon as possible at (518) 257-3702.

C. Counsel's Office

1. Send a copy of incident reports (campus specific and/or CS-13) and a letter to the NYS AG. The letter shall include the name of the person involved and the date of accident and shall be arranged first chronologically, then alphabetically for any particular date, as in the following sample:

<u>Name</u>	<u>Date of Accident</u>
Bill Smith	1-14-76
John Jones	1-17-76
Joseph Martin	1-17-76

VII. Automobile Accidents

A. Injuries to state employees:

1. In addition to the police accident reports MV104A and the automobile accident reports [MV104](#) as required by NYS Vehicle and Traffic Law §605, automobile accidents involving an injury to an employee at work or students who are assigned a state vehicle will be reported as prescribed in Section IV - Injuries to an Employee at Work.

a. Report incidents involving an automobile and a stationary object on a campus on the Motor Vehicle Accident Report form (MV-104A). If there is personal injury involving employees, complete CS-13 (or a campus specific Accident/Injury Report Form) for completing necessary worker's compensation forms.

B. Accidents involving privately-owned vehicles while driven on state business:

1. Report accidents involving privately-owned vehicles to the car owner's insurance carrier and to the [NYS Department of Motor Vehicles](#) as required;
2. If the accident resulted in death, personal injury, or property damage in excess of \$1,000.00; obtain two copies of the report submitted to the insurance carrier and forward them to University counsel.

C. Accidents involving State-owned vehicles:

1. The Office of General Services (OGS) sends to each campus insurance cards (when requested) and a list of vehicles covered. A copy of the insurance card should be kept in every state-owned vehicle. In case of accident, the driver is required to show evidence of insurance.

2. Accident Reporting Procedure:

a. Accidents involving state-owned vehicles(automobiles, trucks, special equipment, etc.) must be reported as follows:

i. The operator of the state vehicle must complete and sign the MV104 Accident Report using the name and address of the campus as owner of the state vehicle. If for some reason the operator is unable to report the accident, it is the responsibility of the operator's immediate supervisor to report the accident.

ii. Three copies of MV104 for accidents involving automobiles, trucks, etc. must be received by OGS, Bureau of Risk & Insurance Management, within 10 days of the date of the accident, at:

NYS Office of General Services  
Risk & Insurance Management Bureau  
40th Floor, Corning Tower  
Empire State Plaza  
Albany, NY 12242

iii. One copy of the MV104 report must be forwarded to the campus human resources office.

iv. One copy of the MV104 report must be forwarded to the University counsel's offices.

b. Accidents involving death, personal injury or property damage in excess of \$1,000.00, follow instructions in 2.a, i through iv. In addition, report as follows:

i. Operator, or supervisor, must file the MV104 Report;

ii. If the accident involves serious injuries or fatality, contact OGS Bureau Risk & Insurance Management immediately at 518-474-4725 (Fax: 518-474-7867);

iii. Report the accident to the Department of Motor Vehicles at the address listed on the MV104 Report.

VIII. Fires

A. Supervisor Where Fire Occurs

The supervisor is required to notify the safety/public safety supervisor of every fire no matter the size or the extent of damage.

B. Safety/Public Safety Supervisor

1. Complete a campus incident report

a. one copy for the campus; and

b. if the fire occurred on DASNY property (i.e. University residence halls), prepare one additional copy for distribution as indicated under section VIII (below).

IX. Fires on Property Leased from the Dormitory Authority\_

A. In addition to procedures outlined above for reporting fires, if the fire occurs on property leased from DASNY (i.e. University residence halls):

1. Report immediately by telephone or fax all fires causing damage to residence and dining halls at University campuses to DASNY director of risk management and the DASNY project manager assigned to the campus. The project manager will serve as the primary

point of contact for risk management during the claim administration process. Fires and explosions in areas surrounding properties must also be reported.

2. Forward one copy of the campus incident report within twenty-four (24) hours to:

Director of Risk Management  
Dormitory Authority  
State of New York  
515 Broadway  
Albany, NY 12207-2964.

3. If the fire (or other event) results in damages exceeding the \$100,000 deductible, all further negotiations regarding the loss will be handled by DASNY. Damages less than the deductible are the responsibility of the campus and/or the University. In the event that a loss results in damages less than \$100,000, the campus should still notify DASNY Risk Management, who will report the claim, in case the damages ultimately exceed the deductible. However, DASNY Risk Management may not actively manage the claim.

#### X. Law Suits and Actions

A. Notify the University counsel promptly of any suits or actions arising from an accident even if the action is taken against the employee as an individual.

B. Whenever a summons, complaint, process, notice, demand or pleading is served on any faculty member, member of the supervising staff or employee, the original or a copy of the same must be delivered to the NYS attorney general within five (5) days of the time it is served and the University counsel should be advised (NYS Public Officer Law §17).

#### XI. Definitions

**Employee** – a person who is on a state payroll at the time of the injury. This does not include employees of the Research Foundation, the Auxiliary Services Corporations (ASC) and similar organizations. Students working for the college and temporarily on state payrolls at the time of the accident will be included as employees.

**Student** – full or part-time.

**Supervisor** – the immediate supervisor of the involved employee or student.

**Safety Supervisor** – a designated official at the college selected to handle the various phases of the safety program

**Public Safety Supervisor** – police or security official at the University designated to oversee the various phases of the public safety operation.

**Reportable Accident** – any accident where medical attention and/or first aid is required or where there is an automobile accident involving property damage in excess of \$1,000.00, or any apparent bodily injury.

**Major injuries** – lost time or disabling injuries including the following (#22 and #23 on CS-13 or on the appropriate line of a campus specific Accident/Injury Report Form):

- Death
- Permanent Total Disability
- Permanent Partial Disability
- Temporary Total Disability

NOTE: Only qualified medical personnel should make the above determination

When an accident results in the loss of one or more full work shifts or days of class time, it is considered a lost-time or disabling injury and should be reported as a major injury.

**Minor Injury** (#22 and #23 on CS-13 or on the appropriate line of a campus specific Accident/Injury Report Form) - include all reportable accidents that do not meet the definition of major injury as defined above.

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## Forms

NYS Worker's Compensation [form C-2](#) (Employer's Report of Work-related Accident/Occupational Disease)

NYS Worker's Compensation [form C-3](#) (Employee's Claim for Compensation)

NYS Department of Motor Vehicles [MV104](#) (Report of Motor Vehicle Accident)

NYS Department of Labor Division of Safety & Health:

- [SH900](#) (Log of Work-Related Injuries and Illnesses);
  - [SH900.2](#) (Injury and Illness Incident Report);
  - [SH901](#) (Instructions for Recording and Reporting Public Employees' Occupational Injuries and Illnesses)
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## Related Procedures

NYS Department of Civil Service's [Accident Reporting System](#)

NYS Department of Labor Division of Safety & Health's [Recordkeeping rule: Part 801](#)

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## Other Related Information

[NYS Workers' Compensation Board](#)

[Dormitory Authority State of New York \(DASNY\)](#)

[NYS Department of Motor Vehicles](#)

[NYS Department of Labor Division of Safety & Health](#)

[12 NYCRR § 801.39](#)

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## Authority

The following links to FindLaw's [New York State Laws](#) are provided for users' convenience; it is not the official site for the State of New York laws.

[NYS Public Officer Law §17](#) Defense and indemnification of state officers and employees

[NYS Public Officer Law §72](#) - Notices and reports of claims, suits or causes of action to be given to the attorney-general.

[NYS Workers Compensation Law §28](#) - Limitation of right to compensation

[NYS Vehicle and Traffic Law §605](#) - Report required upon accident.

[NYS Labor Law §27-a](#) - Safety and health standards for public employees.

In case of questions, readers are advised to refer to the New York State Legislature site for the menu of [New York State Consolidated](#).

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#### History

There is no history relevant to this procedure.

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#### Appendices

There are no appendices relevant to this procedure.

CS-13  
C2128-681

**STATE UNIVERSITY OF NEW YORK**  
**REPORT OF ACCIDENT OR INJURY**  
**(OTHER THAN A MOTOR VEHICLE ACCIDENT)**

1. Campus: 28 _____				2. Date and time of accident: Mo. Day Year Time				3. Date of report: Mo. Day Year				4. File ID: Year No. Sequence			
5. Did accident involve personal injury: A) Yes B) No				6. Victim status: A) Student B) Faculty/Staff				C) Patrol Officer D) FSA				E) Patient F) Vendor			
7. Name of office/department where employee is regularly assigned: _____															
8. Sex: A) Female B) Male				9. Date of birth: Mo. Day Year				10. Name of victim (PRINT LAST NAME, FIRST, MIDDLE)							
11. Marital status: A) Single C) Separated E) Unknown B) Married D) Divorced				12. Social Security Number:				Local address: _____							
13. Job title and grade: _____												Tel: _____			
14. Employment date: Mo. Day Year				15. Was victim in authorized area: A) yes B) No C) Unknown				Home Address: _____							
16. Reporter of accident: A) Faculty/Staff B) Victim C) Other (specify) _____												Tel: _____			
17. Name of reporter of accident: (PRINT LAST NAME, FIRST, MIDDLE)															
18. General area of occurrence: A) Dorm B) Dining hall C) Student union D) Academic				E) Gym F) Admin. G) Maint. Bldg. H) Road				I) Parking Lot J) Grounds K) Hospital L) Other _____				Address: _____			
19. Specific area of occurrence: _____												Room: _____		Tel: _____	
20. If physical injury, part of body injured: (ONE ONLY, MOST SERIOUS) A) Abdomen F) Elbow K) Hand P) Lip U) Teeth Z) Other (specify) _____ B) Ankle G) Eye L) Head Q) Neck V) Thigh _____ C) Arm H) Face M) Hip R) Nose W) Toes _____ D) Back I) Finger N) Knee S) Shoulder X) Trunk _____ E) Chest J) Foot O) Leg T) Spine Y) Wrist _____												21. If physical injury, type of injury: (SELECT ONE ONLY) A) Abrasion F) Concussion K) Puncture P) Other (specify) _____ B) Amputation G) Cut L) Swelling _____ C) Bruise H) Dislocation M) Tooth (broken) _____ D) Burn I) Fracture N) Sprain _____ E) Burn (chem.) J) Laceration O) Strain _____			
22. If physical injury, extent: A) Fatal B) Major C) Minor				23. If physical injury, nature: A) Temporary B) Permanent				24. Accident A) Athletic C) Job related B) Academic D) Other _____							
25. Were safeguards provided: A) Yes B) No				26. Were safeguards in use: A) Yes B) No											
27. Are there witnesses: (List in narrative) A) Yes B) No				28. Medical assistance rendered: A) First aid by staff B) Infirmary C) Hospital D) Ambulance E) Other _____											
29. Name and address of physician: _____												30. Name and address of hospital: _____			
31. Has employee returned to work: A) yes B) No				If yes, date: Mo. Day Year				32. Employee have restricted duties: A) Yes B) No							
33. Supervisor notified: A) Yes B) No				Date and time: Mo. Day Year Time				34. Name of Supervisor: _____							

**NARRATIVE:** (Only give a brief description of who, what, when, where, how, etc.) List witnesses names and addresses.

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Report completed by:	Title:	Date:
Safety Supervisor's signature:	Title:	Date:

## ***Excerpted from 'Faculty Handbook' SUNY Cobleskill 2007***

### ***5.6 – Accident Reports***

#### **Student/Visitor Major Injuries (disabling or when lost time is anticipated)**

1. The staff or faculty member in charge at the time of the accident should coordinate the following:
  - a. Immediate first aid should be given by a qualified person.
  - b. Notify the hospital and physician or Wellness Center and physician.
  - c. The injured should then be conveyed immediately to the Wellness Center or hospital, as required.
  - d. After the first three steps are taken, the Vice President for Student Affairs will be notified.
  - e. The injured will be interviewed by the faculty or staff member in charge at the time of the accident and a Report of Accident or Injury, Form CS 13, will be completed in all details.
  - f. If the accident occurs where there is no faculty or staff supervision, and the injured is taken to the Wellness Center, a nurse at the Wellness Center will complete Form CS 13.

Copies of the report on student accidents should be sent to the Vice President for Student Affairs, Vice President for Administration and Finance and to the Environmental Health and Safety Office. Copies of the report on visitor injuries should be sent to the Vice President for Administration and Finance and to the Environmental Health and Safety Office.

#### **Student/Visitor Minor Injuries (where the injury is not disabling or where lost time is not anticipated) and all Employee Injuries**

1. The injured should receive proper first aid and/or medical treatment in accordance with steps a, b, and c as stated above.
2. The staff or faculty member in supervision at the time of the accident should complete the Report of Accident or Injury, Form CS 13, in all details.
3. A copy of the CS 13 should be sent to the Environmental Health and Safety Office.

### ***5.7 – Worker's Compensation***

If the accident involves an employee, in addition to the CS 13 form to be completed, the employee is directed to the Human Resources Office where a Worker's Compensation form (C-2, Employer's Report of Injury) must be completed. If the employee cannot complete the C-2 because of a disabling injury, his/her supervisor will be responsible for completing this form. This report must be filed promptly to insure that all medical expenses incurred in connection with the injury are paid by Worker's Compensation and that the employee will receive benefits in accordance with the Worker's Compensation Law.