

# YUBA CCD ACCIDENT INVESTIGATION REPORT

This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.

## Yuba Community College District ACCIDENT INVESTIGATION FORM

NAME OF INJURED: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_ HOUR: \_\_\_\_\_ PHOTOS Yes / No  
DATE REPORTED: \_\_\_\_\_ HOUR: \_\_\_\_\_  
ACCIDENT LOCATION \_\_\_\_\_  
WITNESSES: NAMES; ADDRESSES; PHONE NUMBERS  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
TIME NOTIFIED \_\_\_\_\_ TIME ON SCENE \_\_\_\_\_ TIME OFF SCENE \_\_\_\_\_

### FIELD INVESTIGATION

EXACT LOCATION OF INCIDENT \_\_\_\_\_  
\_\_\_\_\_  
Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident  
\_\_\_\_\_  
Describe injuries/illnesses which you observed or which were described to you: \_\_\_\_\_  
\_\_\_\_\_  
Describe demeanor of person involved and include statements made:  
\_\_\_\_\_  
Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred: \_\_\_\_\_  
\_\_\_\_\_

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Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steps taken to prevent similar incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did employee seek medical care? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of medical facility/Doctor: \_\_\_\_\_ Date/Time \_\_\_\_\_

\_\_\_\_\_ Date/Time \_\_\_\_\_

Investigator's Signature \_\_\_\_\_ Date/Time form completed \_\_\_\_\_

\_\_\_\_\_ Date/Time \_\_\_\_\_

Print Investigator(s) Name \_\_\_\_\_