



## STUDENT OR VISITOR ACCIDENT / INJURY REPORT

*To Be Completed by Faculty/Staff*

CONFIDENTIAL—ATTORNEY/CLIENT PRIVILEGED DOCUMENT

|  |      |          |              |
|--|------|----------|--------------|
| <b>Injured Person:</b>   |      | Student  | Visitor      |
| Name (first, middle, last)   |      | Gender   |              |
|  |      | Male     | Female       |
| Address  |      |          |              |
|  |      |          |              |
| Phone (with area code)   |      | Email    | Colleague ID |
|  |      |          |              |
| <b>Accident Description:</b> <i>Describe how and why the accident occurred, actions taken by Instructor/Staff and names of employees and witnesses present. Attach additional pages as needed.</i> |      |          |              |
| Accident Date  | Time | Location |              |
|  |      |          |              |
|  |      |          |              |
| <b>Injury Description:</b> <i>Indicate part of body injured – e.g., broken arm, sprained ankle, etc.</i>   |      |          |              |
|  |      |          |              |
| Hospital, Medical Facility or Doctor Name  |      | Phone    |              |
|  |      |          |              |
| <b>Emergency Contact:</b>  |      |          |              |
| Name   |      | Phone    |              |
|  |      |          |              |
| Address  |      |          |              |
|  |      |          |              |
| <b>Report Submitted by:</b>  |      |          |              |
| Name   |      | Position |              |
|  |      |          |              |
| Signature  |      | Date     |              |
|  |      |          |              |

**Submit Report to Office of the Vice President, Student Services or Instruction**

|  |      |
|--|------|
| <b>Vice President Office Use:</b>  |      |
| Submitted by:  | Date |
| <i>Route to 1. Safety &amp; Risk Management 2. Area Dean (if applicable) 3. Maintenance &amp; Operations (if applicable)</i> |      |



## STUDENT OR VISITOR ACCIDENT / INJURY REPORT

*To Be Completed by Faculty/Staff*

CONFIDENTIAL—ATTORNEY/CLIENT PRIVILEGED DOCUMENT

### Frequently Asked Questions

**When should this form be used?** Whenever an accident or injury to a student or other campus visitor occurs on College property or during a College sponsored activity. This report is not intended for employee accidents or injuries or for motor vehicle accidents.

**What is the Accident/Injury Report?** This form is intended to record the initial facts of an incident. Only fill out the sections that apply to the accident/injury. Attach additional sheets as needed. This form and any attachments are confidential and are only to be used by District/College officials or agents acting on behalf of the District/College.

**Who should use this form?** A District/College employee who is either a witness to or has knowledge of an incident should complete an Accident/Injury Report.

**What if I do not have all the requested information?** The information provided should be as detailed as possible, especially if there are serious injuries. Photos and diagrams can be submitted, as necessary. If all information needed to complete the form is not applicable or initially available, submit the basic information. A supplemental report may be written if more information becomes available.

**What do I do with the completed form?** Submit the completed Accident/Injury Report form to the Office of the Vice President, Student Services or Instruction as appropriate. If the injury is severe the form should be submitted immediately. For all other accidents and injuries, the form should be submitted within 24 hours.

**Where do I obtain an Accident/Injury Report form?** You may obtain the form from the Office of the Vice President, Student Services or Instruction. It is also available on the YCCD Safety and Risk Management web page.