

**TO BE COMPLETED IMMEDIATELY!** The district/college employee who either witnesses the injury or is supervising the injured person at the time of injury/incident should complete this form immediately. The report should be submitted to Administrative Services the same day. Should other pertinent facts develop, notify Administrative Services by means of a supplemental report. **FOR EMPLOYEE INJURIES, CONTACT THE CAMPUS PERSONNEL SERVICES OFFICE IMMEDIATELY.**

*This report is for the confidential use of District and legal counsel for the District and its employees in defending litigation.*

\*\*\*\*\*

**STUDENT/NON-STUDENT ACCIDENT REPORT**

District <b>Coast Community College District</b>		College/Location		
College/Location Address				Phone No.
Injured's Name		ID #	Birthdate	
Home Address				Phone No.
Where did the incident occur?			Date	Time
How did the incident occur?				
Nature of injury				
First aid applied <input type="radio"/> Yes <input type="radio"/> No	By whom?		Disposition of injured person (return to class, home, doctor, hospital)	
Does injured person have own medical Insurance coverage? <input type="radio"/> Yes <input type="radio"/> No		Name of Insurance Company		
Was any district rule violated? <input type="radio"/> Yes <input type="radio"/> No If so, explain. Comment on supervision.				
Witnesses present at time of incident				
Name		Address		Phone No.
Has anyone contacted school? If yes, explain below. <input type="radio"/> Yes <input type="radio"/> No		Was family contacted by school? If yes, explain below. <input type="radio"/> Yes <input type="radio"/> No		Was family or injured person told they would be contacted again? Explain below. <input type="radio"/> Yes <input type="radio"/> No
Comments				
Report submitted by	Position	Date	VP Administrative Services	Date