

San Bernardino Valley College

REPORT OF ACCIDENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_  Male  Female

Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Visitor: \_\_\_\_\_ Other: \_\_\_\_\_

Where did accident occur? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

In what class? \_\_\_\_\_ What time did class/work begin? \_\_\_\_\_ AM/PM

Instructor's/Supervisor's Name: \_\_\_\_\_ Who was in charge at the time of the accident? \_\_\_\_\_

Was this person present? Yes/No Other witness(es) \_\_\_\_\_

Describe how accident occurred: \_\_\_\_\_

Apparent Nature of Injury

- Abrasion       Bite       Dislocation       Illness       Poisoning
- Asphyxiation       Concussion       Fainting       Incision       Strain/Sprain
- Burn       Contusion       Fracture       Laceration       Puncture
- Other

Injured Part of Body

- Head       Neck       Abdomen       Wrist       Knee
- Face       Shoulder       Genitalia       Hand/Finger       Ankle
- Eye       Chest       Arm       Hip       Foot/Toe
- Ear       Back       Elbow       Leg
- Other

First Aid or Treatment \_\_\_\_\_

By: \_\_\_\_\_

Disposition of injured? Class  Home  Doctor  Hospital  Work

To who was he/she released? \_\_\_\_\_

Who was notified? \_\_\_\_\_ Relationship? \_\_\_\_\_

Injured's Medical Insurance  None  Medical  Private \_\_\_\_\_

Remarks \_\_\_\_\_

Report completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Copy sent to: \_\_\_\_\_ Date: \_\_\_\_\_