**YUBA COMMUNITY COLLEGE DISTRICT**

**STUDENTACCIDENT REPORT**

***TO BE COMPLETED BY THE***

***Faculty/Staff***

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| **Identification of injured person**:  Name: Colleague ID: Birthdate:  Last Name First Name Middle Name Month/Day/Year  Address: Gender: Male / Female  Street City State Zip Code (circle one)  Best Contact Telephone: Email:  Person injured (check one):  Student  Staff  Visitor  Other (Describe): |
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| **Description of Accident**: Describe in detail how and where the accident occurred and what happened to the person involved (attach additional pages as needed).   1. Date of Accident: Time: am / pm   Month/Day/Year (circle one)   1. Place where accident occurred: 2. Describe how accident occurred – give all possible details:          1. Type of injury (Indicate part of body injured – e.g., broken arm, sprained ankle, etc.)        1. Who was the instructor/supervisor? 2. What action was taken? 3. In case of an emergency, who should be notified?   Name: Phone:  Address: |
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| **Person Making Report**:  Printed Name: Position:  Signature: Date: |

**Submit Report to the Office of the Vice President, Academic and Student Services**

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| **Vice President Office Use:**  Student Accident Claim Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Retain Original in the Office of the Vice President, Academic and Student Services  Send Copies to: 1. Area Dean 2. Vice Chancellor, Administrative Services 3. Maintenance Department |