**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/YearAddress: 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 |