

TO BE COMPLETED IMMEDIATELY!

The district/college employee who either witnesses the injury or is supervising the injured person at the time of injury/accident should complete this form immediately. The report should be submitted to the Risk Services department the same day.

Should other pertinent facts develop, notify the Risk Services department by means of a supplemental report.

EMPLOYEE INJURIES SHOULD ALSO BE REPORTED THROUGH THE WORKERS' COMPENSATION DEPARTMENT.

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 Coast Community College District		College/Location Risk Services:	Date	Fax (714) 438-4773
College/Location Study Abroad Program, 1370 Adams Ave., Costa Mesa, CA 92626			Phone Number: (714) 438-4689 or (714) 438-4690	
Injured's Name		I.D. #	Birth date	
Home Address		Phone Number		
Where did the accident occur?		Date	Time	
How did the accident occur?				
Nature of injury				
First aid applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?		Disposition of injured person (return to class, home, doctor, hospital)	
Does injured person have own medical insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance company			
Was any district rule violated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, explain. Comment on supervision.			
Witnesses present at time of accident				
Name		Address		Phone No.
Has anyone contacted school? If yes, explain below. <input type="checkbox"/> Yes <input type="checkbox"/> No	Was family contacted by school? If yes, explain below. <input type="checkbox"/> Yes <input type="checkbox"/> No	Was family or injured person told they would be contacted again? Explain below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments				
Report submitted by	Position	Date	Risk Services Coordinator Judy Neal	Date