

YUBA COMMUNITY COLLEGE DISTRICT
ACCIDENT REPORT
TO BE COMPLETED BY THE
FACULTY/STAFF

Date of Accident: _____	Time: _____
month day year	am / pm (circle one)
Person involved is:	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other

Identification of person involved or injured:			
Name:	_____	_____	_____
	Last	First	Middle
Birthdate:	_____		
Address:	_____	_____	_____
	Street	City	State Zip Code
Telephone:	_____		
Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Colleague ID Number: _____

Description of Accident: Describe in detail how and where the accident occurred and what happened to the person involved.	
1. How did the accident occur?	_____
_____	_____
_____	_____
2. Nature of injury; part(s) of the body affected (example: sprain, cut, broken bone(s), etc):	_____
_____	_____
3. Where did the accident occur?	_____
4. Who was the Instructor/Supervisor?	_____
5. What action was taken?	_____
6. In case of an emergency, who should be notified?	Name: _____
Address: _____	Telephone: _____

Signature of person making this report: _____
Position: _____ Date: _____

Return this report to the Vice President of Academic and Student Services Office.