

# STUDENT AND PUBLIC ACCIDENT/INCIDENT REPORT

**IMPORTANT:** USE THE COMPANY NURSE HOTLINE (877-854-6877) INSTEAD OF THIS FORM IF the injured person is an employee, student worker, or student injured off campus during a clinical rotation (ex. nursing student in the hospital).

**WHO INITIATES THIS FORM?** The main employee witness or first employee aware of the accident/injury

## A. INJURED PERSON

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ Student  
 Address: \_\_\_\_\_ ID#: \_\_\_\_\_ ☐ Visitor  
 E-Mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## B. DATE OF ACCIDENT

(Mo/Day/Yr) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Accident: \_\_\_\_ AM PM

If Student: Time classes began: \_\_\_\_ AM PM Time classes ended: \_\_\_\_ AM PM

## C. LOCATION OF ACCIDENT

\_\_\_\_ Fresno City College \_\_\_\_ Reedley College \_\_\_\_ Madera Community College  
 \_\_\_\_ Clovis Community College \_\_\_\_ Herndon Campus \_\_\_\_ Oakhurst Center \_\_\_\_ Other: \_\_\_\_\_

Specific location on campus: \_\_\_\_\_

## D. DESCRIPTION OF ACCIDENT

Describe how accident occurred - may use back of form if needed

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Intercollegiate Athletics injury? \_\_\_\_ NO \_\_\_\_ YES.....during: ☐ Game ☐ Practice Position Played: \_\_\_\_\_

School rules that were or may have been violated: \_\_\_\_\_

## E. SUPERVISION

Person supervising at time of accident: \_\_\_\_\_ Title: \_\_\_\_\_

Was this person present at time of accident? \_\_\_\_ YES \_\_\_\_ NO Phone: ( ) \_\_\_\_\_

## F. WITNESSES

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## G. DESCRIPTION OF INJURY

| Body part(s) Injured | Apparent Nature and/or Extent of Injury | First Aid Administered | By Whom |
|----------------------|---|------------------------|---------|
| _____                | _____                                   | _____                  | _____   |
| _____                | _____                                   | _____                  | _____   |
| _____                | _____                                   | _____                  | _____   |

## H. DISPOSITION OF INJURED AFTER ACCIDENT

\_\_\_\_ Class \_\_\_\_ Doctor \_\_\_\_ Who was notified? \_\_\_\_\_  
 \_\_\_\_ Home \_\_\_\_ Hospital Relationship to injured: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_ Injured person released to: \_\_\_\_ Self (no further assistance requested)  
 \_\_\_\_ Other (specify): \_\_\_\_\_

## I. HEALTH INSURANCE STATUS

(other than campus student accident insurance)

\_\_\_\_ No Health Insurance \_\_\_\_ Medi-Cal Coverage \_\_\_\_ Private Insurance (list company): \_\_\_\_\_

## J. REPORT COMPLETED BY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## K. REPORT REVIEWED BY DEPARTMENT SUPERVISOR:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

**FORWARD COMPLETED FORM TO HEALTH SERVICES WITHIN 24 HOURS OF INJURY**