

YUBA COMMUNITY COLLEGE DISTRICT
STUDENT ACCIDENT REPORT
TO BE COMPLETED BY THE
Faculty/Staff

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 (check one)

Best Contact Telephone: _____ Email: _____

Person injured (check one): Student Staff Visitor Other (Describe): _____

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 (check one)
2. Place where accident occurred: _____
3. Describe how accident occurred – give all possible details:

4. Type of injury (Indicate part of body injured – e.g., broken arm, sprained ankle, etc.)

5. Who was the instructor/supervisor? _____
6. What action was taken? _____
7. In case of an emergency, who should be notified?
Name: _____ Phone: _____
Address: _____

Person Making Report:

Printed Name: _____ Position: _____
Signature: _____ Date: _____

Submit Report to the WCC Vice President Student Services Office or YC Vice President Instruction Office

Vice President Office Use:

Student Accident Claim Submitted by: _____ Date Submitted: _____
Retain Original in the Office of the Vice President

Send Copies to: 1. Area Dean 2. Vice Chancellor Administrative Services 3. Maintenance Department