



**SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
FORMAL REPORT OF ACCIDENT**

STUDENT/NONEMPLOYEE

Name of injured _____ Student ID# _____ Age _____

Address _____

Phone Number _____ Location of Accident/Room# _____

CV Campus NC Campus OM Campus SY Campus CCAC Other _____

Date of Accident _____ Time _____ am/pm

Describe nature of injury (List body part affected) _____

How did the accident happen? _____

Were mechanical guards or other safeguards provided? _____

Was injured using them? _____

What do you recommend for preventing this type of accident? _____

Was accident preventable? Yes No

Date you were informed of injury _____

Where was injured taken _____

What type of First Aid measures were provided? _____

Do you have insurance? Yes No Name of Insurance Carrier _____

Instructor or person on duty at the time of accident _____

Witness:

Name _____ Address _____ Phone no. _____

This report made out by _____

Whose position is _____ Date _____

Signature of supervisor _____ Reviewed by _____

INSTRUCTIONS FOR COMPLETING STUDENT/NONEMPLOYEE ACCIDENT FORM

The completion of an accident form is necessary for all injuries and/or accidents that occur on-campus and/or off-campus during a college- sponsored activity. The form must be completed as soon as possible after the reported incident.

The completion of the accident form is assigned to the instructor, supervisor, or person in charge.

After completion of the form, copies should be forwarded to the appropriate recipients:

- ✓ Original – Health Services
- ✓ Yellow – Safety Office
- ✓ Pink – Site/Department
- ✓ Goldenrod – Risk Management

Note: Please inform Student/Nonemployee that the completion of this form is not a claim for insurance. However, if an insurance claim is necessary, the Student/Nonemployee should be directed to Health Services.