



CONFIDENTIAL

This report is to be completed by District employees. This form is a confidential, internal, document; it's contents are not to be shared or copied for any persons who are not District employees and/or District legal representatives. IN CASE OF SERIOUS INJURY, REPORT IMMEDIATELY TO District Risk Management at (949) 348-6043.

Office of Risk Management
STUDENT & VISITOR ACCIDENT/INCIDENT REPORT

Location: Saddleback College Irvine Valley College ATEP Other:

DISTRIBUTION LIST				
DISTRICT/COLLEGE PROPERTY LOSS/THEFT/DAMAGE:		STUDENT INCIDENT/INJURY:		CRIME/CONDUCT:
• Campus Police	• Vice President,	• Campus Police	• Campus Police	• Campus Police
• Facility Management	College Administrative	• Risk Management	• Vice President	• Risk Management
• Risk Management	Services	• Student Health Center	• Risk Management	
MISCELLANEOUS:				
• Campus Police		• Risk Management		
• Risk Management				
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT (BUILDING, ROOM #, etc.)		
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
NAME OF PERSON INJURED / INVOLVED (LAST, FIRST, M.)				TYPE OF PERSON
				<input type="checkbox"/> Visitor <input type="checkbox"/> Student, ID# _____
ADDRESS OF PERSON INJURED/INVOLVED (NUMBER, STREET, APT/UNIT, CITY, STATE ZIP CODE)				PHONE NUMBER
IF INJURED PERSON IS A MINOR, NAME OF PARENT/LEGAL GUARDIAN			PARENT/GUARDIAN PHONE NUMBER & EMAIL	
EMPLOYEE PREPAIRING REPORT (LAST, FIRST M.)			DIVISION / DEPARTMENT	EXT.
RESPONSIBLE ADMINISTRATOR/MANAGER/FACULTY		TITLE (DEAN, INSTRUCTOR, etc.)	PRESENT AT THE TIME?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE REPORTING	911 CALLED?	HEALTH CENTER CALLED?	CAMPUS POLICE CALLED?	REPORTING OFFICER
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF WITNESS(ES), ADDRESS & TELEPHONE NUMBERS (ATTACH ADDITIONAL PAGES IF NECESSARY)				
DESCRIBE ACCIDENT/INCIDENT: WHAT OCCURRED? (USE FACTS ONLY, EXCLUDE OPINIONS AND/OR ASSUMPTIONS)				
APPARENT NATURE OF PROPERTY DAMAGE and/or INJURY? (INCLUDE INJURED BODY PARTS)				
IF INJURED PARTY LEFT CAMPUS, RELEASED TO		RELATIONSHIP	CONTACT INFORMATION	
<input type="checkbox"/> Fire Dept./Ambulance <input type="checkbox"/> Individual /Other: _____				
SIGNATURE OF PERSON PREPAIRING REPORT				DATE
ADMINISTRATOR/MANAGER SIGNATURE				DATE

* Please attach additional pages, photos, and/or materials as needed. *

** Employee injury/illness reporting forms can be found on District SharePoint under Risk Management forms. **