

Ventura County Community College District

REPORT OF PERSONAL (NON-EMPLOYEE) ACCIDENT

<p align="center">TO BE COMPLETED IMMEDIATELY</p> <p><i>The school employee who either witnesses the accident or is supervising at the time of injury should complete this form, if possible. The report should be processed immediately by the Student Health Center. Should other pertinent facts develop, notify the Risk Management Department, District Office by means of a supplemental report.</i></p> <p align="center">Please print clearly</p>	<input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> DAY CARE CHILD <input type="checkbox"/> OFFICIAL VISITOR <input type="checkbox"/> VENDOR/CONTRACTOR <input type="checkbox"/> CASUAL VISITOR <input type="checkbox"/> ATTENDEE AT EVENT <input type="checkbox"/> PARENT	<p align="center">FOR DISTRICT USE ONLY</p>
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INJURED PERSON'S FULL NAME (Last, First, MI)		COLLEGE	SEX	DATE OF BIRTH
HOME ADDRESS (Include City & Zip Code)		DAYTIME PHONE		HOME PHONE
SOC Sec# OR ID#	IF A MINOR, NAME/PHONE OF PARENT OR GUARDIAN		PARENT CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ACCIDENT INSURANCE AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	NAME OF PERSONAL INSURANCE COMPANY			
ACCIDENT DATE AND TIME	WHERE DID ACCIDENT OCCUR?			
HOW DID ACCIDENT OCCUR?				
WITNESS NAME	ADDRESS		TELEPHONE	
EMPLOYEE IN CHARGE OF INJURED PERSON AT TIME OF ACCIDENT			WAS EMPLOYEE PRESENT AT THE TIME OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY COLLEGE RULE VIOLATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:			
NATURE OF INJURY AND PART(S) OF BODY AFFECTED			DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FIRST AID APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON ADMINISTERING FIRST AID	DISPOSITION OF INJURED AFTER THE INCIDENT <input type="checkbox"/> HOME <input type="checkbox"/> CLASS <input type="checkbox"/> DOCTOR <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER		
COMMENTS				

REPORT PREPARED BY (PRINT)	POSITION	DEPARTMENT/TELEPHONE	PREPARATION DATE
SIGNATURE OF PREPARER	SIGNATURE OF COLLEGE PRESIDENT (OR DESIGNEE) if req'd		SUBMISSION DATE (TO RM)

Student Health Center should submit a copy of this report to the District Risk Management Office within 24 hours after the incident. College management should review any accident report involving a member of the general public injured on campus. Injured students may be required to sign the Student & Athlete Insurance Network Accident Claim Verification form.

Accident Form (Rev. 07/04)

Ventura County Community College District: Moorpark College, Oxnard College, Ventura College

White Copy – Student Health Center

Yellow Copy - Risk Management