

**TO BE COMPLETED IMMEDIATELY!**  
 The district/college employee who either witnesses the injury or is supervising the injured person at the time of injury/incident should complete this form immediately. The report should be submitted to Administrative Services the same day. Should other pertinent facts develop, notify Administrative Services by means of a supplemental report.  
**FOR EMPLOYEE INJURIES, CONTACT THE CAMPUS PERSONNEL SERVICES OFFICE IMMEDIATELY.**

*This report is for the confidential use of District and legal counsel for the District and its employees in defending litigation.*

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**STUDENT/NON-STUDENT ACCIDENT/INCIDENT REPORT**  
 Each space **MUST** be filled out completely. Please return to Coastline College Center.  
 Attn: Shirley Spencer

District <b>Coast Community College District</b>	College/Location
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College/Location Address	Phone No.
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Injured' s Name	ID #	Birthdate
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Home Address	Phone No.
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Where did the incident occur?	Date	Time
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How did the incident occur?

Nature of injury

First aid applied <input type="radio"/> Yes <input type="radio"/> No	By whom?	Disposition of injured person (return to class, home, doctor, hospital)
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Does injured person have own medical Insurance coverage? <input type="radio"/> Yes <input type="radio"/> No	Name of Insurance Company
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Was any district rule violated?  Yes  No If so, explain. Comment on supervision.

Witnesses present at time of incident		
Name	Address	Phone No.

Has anyone contacted school? If yes, explain below. <input type="radio"/> Yes <input type="radio"/> No	Was family contacted by school? If yes, explain below. <input type="radio"/> Yes <input type="radio"/> No	Was family or injured person told they would be contacted again? Explain below. <input type="radio"/> Yes <input type="radio"/> No
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Comments

Report submitted by	Position	Date	VP Administrative Services	Date
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