

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 Student Services the same day. Should other pertinent facts develop, notify Student Services by means of a supplemental report. For Employee Injuries, Contact Coastline College Center Shaunick Barber at 714-241-6147.

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

STUDENT/NON-STUDENT ACCIDENT/INCIDENT REPORT

Each space MUST be filled out in ink completely. Please return to Coastline Community College Center, Attention: Rosalie Triggs, Student Services

District Coast Community College District	College/Location Coastline Community College
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College/Location Address 11460 Warner Avenue, Fountain Valley, CA 92708	Phone No. 714-241-6208
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Injured's Name	Student ID #	Birthdate
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Home Address	Phone No.
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Where did the incident occur? (College Center, Le Jao, Garden Grove, Newport Beach)	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 Student Services	Date
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