

Cabrillo College Incident Report

▶ **STUDENT injuries must be reported immediately to Student Health Services.**

▶ **EMPLOYEE injuries must be reported immediately to Human Resources.**

Today's Date _____

Name of Injured Person _____ Phone _____

Address _____
City _____ State _____ Zip _____

Social Security _____ Birth date _____

Injured Student Injured Faculty/ Staff Member Injured Campus Visitor

Date of Occurrence _____ Time of Occurrence _____ a.m./p.m.

Location of Occurrence _____
(Be specific: room and building number, parking lot letter, etc.)

Describe what occurred (Give all possible details; describe injuries Attach an additional page if necessary) _____

Name of Witness _____ Phone _____

If injury, was first aid or medical care provided? If so, where and by whom? _____

Does injured have health insurance? Yes _____ No _____

Policyholder's Name (Parent/Spouse, etc) _____

Insurance Carrier _____ Policy # _____

Students who are injured while participating in any school sponsored and/or supervised activities, whether on or off campus, may be eligible for student accident insurance benefits.

Signature of Injured _____ Date _____

Person Reporting _____ Phone _____

(Please print)

Signature _____ Date _____