



Report of Incident

Please report all incidents immediately to the person to whom you report. If you are unsure who to contact, please contact the Office of Instruction (at any location) or Risk Management for assistance.

- Employee Student Visitor
- Female Male Other

REQUIRED INFORMATION

1. **Contact Name** _____

2. **Address** _____

3. **Cell Phone** _____ **Home Phone** _____

4. **Student ID #** _____ **Email** _____

5. **Insurance Coverage**

a. Name of Insurance Company _____

b. Insurance Address _____

c. Policy Number _____ Group Policy Individual Policy

6. **Accident Date** _____ **Accident Time** _____

7. **Description of Accident, Damage, Injury or Illness:**

8. **Location where incident happened on campus (Building #, Room #, or other)**

a. If off campus, what is the name of location? _____

9. **Witnesses, if any:**

Name _____ Email/Phone _____

Name _____ Email/Phone _____

10. **Supplementary Information (if known):**

a. Did the individual receive medical treatment? Yes No _____
Description

b. Was the individual admitted to the hospital? Yes No _____
Name of Hospital

c. How was the individual transported to hospital, healthcare provider, or home?

11. Campus Safety / Sheriff / Risk Management notified by:

Name _____ Email/Phone _____

12. Action taken by emergency personnel or staff:

Report completed by:

Name Title Date

Submit this form to Risk Management or any location's Office of Instruction:

- Risk Management (District) (951) 801-4413
- San Jacinto (SJC) (951) 487-3400
- Menifee Valley (MVC) (951) 639-5400
- Temecula Valley (TVC) (951) 639-5400

Please email this form directly to riskmanagement@msjc.edu or mail to:

Mt. San Jacinto College
Attn: Risk Management
41888 Motor Car Parkway
Temecula, CA 92591