

Report of Incident

So the District can respond effectively, please report all incidents immediately			
to the person to whom you report. If you are unsure who to contact, the	Female	🗌 Male	Other
Office of Instruction at any location or Risk Management are able to assist.	Employee	Student	Visitor

INFORMATION ABOUT THE PERSON INVOVLED IN THE INJURY/INCIDENT

Ι.	Name:					
2.	Address (if available): Number	Street	City	Zip Code		
3.	Cell Phone:	4. Home Phone (if available):				
5. 5	Student ID (if available):	6. Ema	ail Address:			
7.	Date and Time of Accident: Date		Time	🗆 AM 🔲 PM		
8. a.	Insurance Coverage (if available) Name of Insurance Company:					
b.	Insurance Address:					
c.	Policy Number:		Group Policy	Individual Policy		

INFORMATION ABOUT THE INJURY/INCIDENT

9.	Was this incident a near-miss?	(a near-miss is an	incident that	did not o	cause injury	or property	damage	but could	have)
						YES		NO	

10. Description of Accident, Damage or Injury:

II. Location where accident took place:

a. If Off-Campus, what Facility? ______

12. Action taken by District Representative:

13. Witnesses, if any:				
Name	Email/P	hone		
Name	Email/P	hone		
SUPPLEMENT	ARY INFOR	MATION IF	KNOWN:	
14. Additional Contact:				
15. Action taken:				
16. Campus Safety/Sheriff/Risk Management notifie	d by:			
Action taken by emergency personnel or staff:				
17. Did individual receive medical treatment?	Yes	No	Descr	iption
18. Was individual admitted to the hospital?	Yes	No		Hospital
19. How was Injured Party transported to Doctor,	Hospital or H		Name of	Hospital
Report completed by:				
Name	Title			Date
Submit this form to Human Resources or any location's of Risk Management (District) (951) 801-44 San Jacinto (SJC) (951) 639-5400 Menifee Valley (MVC)(951) 639-5400 Temecula Valley Center (TVC)(951) 639- Please email this form directly to <u>RiskManagement@MSJC.ed</u> Attn: Risk Management, 41888 Motor Car Parkway, Temecula	3 535 <u>u</u> or mail to: MS			