

12. Witnesses, if any:

Name _____ Email/Phone _____

Name _____ Email/Phone _____

SUPPLEMENTARY INFORMATION IF KNOWN:

13. Additional Contact: _____

14. Action taken:

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

Action taken by emergency personnel or staff:

16. Did individual receive medical treatment? Yes No _____
Description

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

18. How was Injured Party transported to Doctor, Hospital or Home:

Report completed by:

Name

Title

Date

Submit this form to Human Resources or any location's Office of Instruction:

Risk Management (District) (951) 801-4413
San Jacinto (SJC) (951) 639-5400
Menifee Valley (MVC)(951) 639-5400
Temecula Valley Center (TVC)(951) 639-5351

Please email this form directly to RiskManagement@MSJC.edu or mail to: MSJC,
Attn: Risk Management, 41888 Motor Car Parkway, Temecula, CA 92591