

## Report of Incident

So the District can respond effectively, please report all incidents immediately ☐ Other to the person to whom you report. If you are unsure who to contact, the Female ☐ Male Office of Instruction at any location or Risk Management are able to assist. ☐ Visitor Employee Student INFORMATION ABOUT THE PERSON INVOLVED IN THE INJURY/INCIDENT I. Name: Address (if available): \_\_\_\_\_ Number Street Zip Code 
 Cell Phone:
 4. Home Phone (if available):
5. Student ID (if available): \_\_\_\_\_\_6. Email Address: \_\_\_\_\_ Date Time Date and Time of Accident: \_\_\_\_\_ Insurance Coverage (if available) Name of Insurance Company: \_\_\_\_ Insurance Address: ☐ Individual Policy ☐ Group Policy Policy Number: **INFORMATION ABOUT THE INJURY/INCIDENT** 9. Description of Accident, Damage or Injury: 10. Location where accident took place: If Off-Campus, what Facility? \_\_\_\_\_\_\_ 11. Action taken by District Representative:

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| Name   | Email/F             | Phone                  |          |          |  |
|--|---------------------|------------------------|----------|----------|--|
|  |                     |                        |          |          |  |
| Name   | Email/l             | Phone                  |          |          |  |
|  |                     |                        |          |          |  |
| SUPPLEME   | NTARY INFOR         | RMATION IF K           | NOWN:    |          |  |
| Additional Contact:  |                     |                        |          |          |  |
| Action taken:  |                     |                        |          |          |  |
|  |                     |                        |          |          |  |
|  |                     |                        |          |          |  |
|  |                     |                        |          |          |  |
|  |                     |                        |          |          |  |
| Campus Safety/Sheriff/Risk Management notif                            | ied by:             |                        |          |          |  |
|  |                     |                        |          |          |  |
| Action taken by emergency personnel or state                           | <b>4</b> .          |                        |          |          |  |
| Action taken by emergency personner or star                            | <u>l.</u>           |                        |          |          |  |
|  |                     |                        |          |          |  |
| Did individual receive medical treatment?                              | Yes                 | No                     |          |          |  |
|  | . 00                |                        | Desc     | ription  |  |
| . Was individual admitted to the hospital?                             | Yes                 | No<br>Name of Hospital |          |          |  |
| How was Injured Party transported to Doctor, Hospital or Home:         |                     |                        | rvaine c | пноѕріаі |  |
|  |                     |                        |          |          |  |
|  |                     |                        |          |          |  |
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|  |                     |                        |          |          |  |
| eport completed by:  |                     |                        |          |          |  |
|  |                     |                        |          |          |  |
| ame  |                     |                        |          | Date     |  |
| bmit this form to Human Resources or any location                      | n's Office of Instr | uction:                |          |          |  |
| Since chis ionin co mannan nesoan ees on any rocales                   | TS CINCO OF MISC    | <del>actioni</del> .   |          |          |  |
| Risk Management (District) (951) 801-                                  | 4413                |                        |          |          |  |
| San Jacinto (SJC) (951) 639-5400<br>Menifee Valley (MVC)(951) 639-5400 |                     |                        |          |          |  |
| Temecula Valley Center (TVC)(951) 63                                   | 39-5351             |                        |          |          |  |

Please email this form directly to <a href="mailto:RiskManagement@MSJC.edu">RiskManagement@MSJC.edu</a> or mail to: MSJC, Attn: Risk Management, 41888 Motor Car Parkway, Temecula, CA 92591