

**San Bernardino Valley College****REPORT OF ACCIDENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone: \_\_\_\_\_

☐ Male ☐ Female

Student: \_\_\_\_\_ Employee: \_\_\_\_\_

Visitor: \_\_\_\_\_ Other: \_\_\_\_\_

Where did accident occur? \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

In what class? \_\_\_\_\_

What time did class/work begin? \_\_\_\_\_

AM/PM

Instructor's/Supervisor's Name: \_\_\_\_\_

Who was in charge at the  
time of the accident? \_\_\_\_\_

Was this person present?

Yes/No

Other witness(es) \_\_\_\_\_

Describe how accident occurred: \_\_\_\_\_

**Apparent Nature of Injury**☐ Abrasion☐ Bite☐ Dislocation☐ Illness☐ Poisoning☐ Asphyxiation☐ Concussion☐ Fainting☐ Incision☐ Strain/Sprain☐ Burn☐ Contusion☐ Fracture☐ Laceration☐ Puncture☐ Other \_\_\_\_\_**Injured Part of Body**☐ Head☐ Neck☐ Abdomen☐ Wrist☐ Knee☐ Face☐ Shoulder☐ Genitalia☐ Hand/Finger☐ Ankle☐ Eye☐ Chest☐ Arm☐ Hip☐ Foot/Toe☐ Ear☐ Back☐ Elbow☐ Leg☐ Other \_\_\_\_\_

First Aid or Treatment \_\_\_\_\_

By: \_\_\_\_\_

Disposition of injured?

Class

☐ Home☐ Doctor☐ Hospital☐ Work

To who was he/she released? \_\_\_\_\_

Who was notified? \_\_\_\_\_

Relationship? \_\_\_\_\_

Injured's Medical Insurance

☐

None

☐

Medical

☐

Private

Remarks \_\_\_\_\_

Report completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Copy sent to: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed form to:

Interim Vice President of Administration: Tenille Norris - [tnorris@sbccd.edu](mailto:tnorris@sbccd.edu)Interim Vice President of Administration: Steve Sutorus - [ssutorus@sbccd.edu](mailto:ssutorus@sbccd.edu)Associate Director of Human Resources & Police Services: Tiffany Guevara - [tguevara@sbccd.edu](mailto:tguevara@sbccd.edu)