



## **ACCIDENT/INCIDENT REPORT**

### **INSTRUCTIONS**

#### **Students & Community Members:**

##### **Complete the following steps for any incident/accident:**

- 1) Upon witnessing or being involved in an accident or incident, contact Police & Campus Security immediately.
- 2) Complete the Accident/Incident Report Form on page 2.
- 3) Submit form to Police & Campus Security within 24 hours.

#### **Employees:**

Please complete the [Employee Accident/Incident Report Packet](#).

# VICTORIA COLLEGE ACCIDENT/INCIDENT REPORT

## Information about ill/injured person:

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

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

Address: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is ill/injured person: \_\_\_\_\_ Student \_\_\_\_\_ Visitor \_\_\_\_\_ Employee

## Incident Information:

Date & Time of Incident: \_\_\_\_\_

Building/Location of Incident (be specific): \_\_\_\_\_

First Person(s) notified: \_\_\_\_\_

Describe incident including ill/injured person's account/chief complaint; if possible, indicate the part of the body affected. (Record **only** facts/direct observations; DO NOT draw conclusions regarding cause.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General information on conditions of the area at the time of the incident/injury:

\_\_\_\_\_  
\_\_\_\_\_

Were EMS or Police contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, whom: \_\_\_\_\_

If Police were notified, name and badge number of attending officer:

\_\_\_\_\_

Photos taken: \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach photos.)

Describe briefly any assistance/care provided:

\_\_\_\_\_  
\_\_\_\_\_

## Witnesses:

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

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

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

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

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

Position \_\_\_\_\_