

Ventura County Community College District

REPORT OF PERSONAL (NON-EMPLOYEE) ACCIDENT

To be used for Students and Non-VCCCD Employees

Moorpark College

Oxnard College

Ventura College

<p>TO BE COMPLETED IMMEDIATELY</p> <p><i>The college employee who either witnesses the accident or is supervising at the time of injury must complete this form and submit to the College Student Health Center within 24 hours of incident. Should other pertinent facts develop, notify the Risk Management Department, District Administrative Center by means of a supplemental report.</i></p>	<p><input type="checkbox"/> Student <input type="checkbox"/> Visitor</p> <p><input type="checkbox"/> Athlete/game <input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Athlete/practice <input type="checkbox"/> Vendor</p> <p><input type="checkbox"/> Day Care Child <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Attendee at Event</p>
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Injured Person's Full Name (Last, First, MI)		Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Home Address (Include City & Zip Code)		Daytime Phone	Home Phone
Social Security # or ID #	If a minor, Name/Phone of Parent or Guardian		
	Parent/Guardian contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accident Insurance Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Personal Insurance Company		
Accident date and time	Where did accident occur?		
How did Accident occur?			
Witness Name	Address	Phone No.	
VCCCD employee in charge of injured person at time of accident:		Was VCCCD employee present at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of Injury and Part(s) of body affected:			
First Aid applied <input type="checkbox"/> Yes <input type="checkbox"/> No	Person Administering First Aid	Disposition of injured after the incident <input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Other How transported: _____	
Comments:			
Report Prepared By (Print)		Job Title	
Signature of Preparer		Department	
Date		Telephone No.	

Date submitted to College Health Center: _____ Date submitted to District Risk Management: _____