

**COLLEGE OF THE SISKIYOU
REPORT OF ACCIDENT**

Employee _____
*Student _____
Non-Student _____

Name of Individual involved in Accident _____

Class (if student) _____ Instructor _____

Date of Accident _____ Time of Accident _____

Location of Accident _____

Describe How Accident Occurred _____

Describe Injury (indicate left, right, etc.) _____

Actions taken by Instructor/Person Reporting _____

Who Responded?

EMT Police No Help Requested Other _____

Actions taken by Emergency Response Personnel _____

Name(s) of Witness(s) _____

Person Reporting _____ Signature _____

*For student accident, this form should be filled out by the instructor.