

**COLLEGE OF THE SISKIYOU  
REPORT OF ACCIDENT**

**TO BE COMPLETED BY STAFF MEMBER**

Name of Individual Involved in Accident \_\_\_\_\_

Phone Number \_\_\_\_\_

- Student – User ID S000\_\_\_\_\_
- Non-Student
- Employee (must be reported to Human Resources)

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 \_\_\_\_\_

Date \_\_\_\_\_

## ACCIDENT REPORT PROCEDURE

When a student is injured during class or a class related activity, they are covered by an accident policy paid for by their health fee.

When a student is injured, please do the following:

1. The instructor/staff member completes an accident report and submits it to the Student Services Office. **Do not have the student complete the form. The claim process cannot begin until this first step is completed.**
2. Let the student know that the College's insurance is **SECONDARY** to their personal insurance. Only if they have no insurance or Medi-Cal does the policy become the primary insurance.
3. The student will receive paperwork and instructions from the Student Services Office on how to file a claim. There is a \$50 deductible for each injury.

Call Jan Keen at 938-5597 if you have questions.