# Student/Visitor Accident, Injury or Unusual Incident Report

Instructions: Prepare this report for any accident, injury, or unusual incident. Use back for additional comments. MAY ALSO BE USED FOR PROPERTY DAMAGE. **CC Employees must fill out Form 301**

## CONTACT INFORMATION OF AFFECTED PARTY

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Address/Phone (Local)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Address.</th>
<th>Email</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>Classification (Circle one)</th>
</tr>
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<tbody>
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</tbody>
</table>

### ACCIDENT, INJURY OR UNUSUAL INCIDENT

- □ Accident with Injury
- □ Accident without Injury
- □ Unusual Incident

<table>
<thead>
<tr>
<th>Date and Time of Incident</th>
<th>Exact Location of Incident</th>
<th>Name of Instructor or Staff at Location</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### DETAILS OF ACCIDENT, INJURY OR UNUSUAL INCIDENT

* Provide a detailed description – Use back for space if needed

Witness(es): Name, Address, Phone, Email

### PART OF BODY INJURED OR AFFECTED (Indicate Right or Left)

- □ Generalized
- □ Skull, Scalp
- □ Eye
- □ Nose
- □ Mouth
- □ Jaw
- □ Other, Head
- □ Neck
- □ Spine
- □ Chest
- □ Abdomen
- □ Back
- □ Pelvis
- □ Other, Trunk
- □ Shoulder
- □ Upper Arm
- □ Elbow
- □ Forearm
- □ Wrist
- □ Hand
- □ Finger
- □ Hip
- □ Thigh
- □ Knee
- □ Lower Leg
- □ Ankle
- □ Foot
- □ Toe
- □ Other, Specify

This Report Prepared By: ___________________________ Date: ________________

Contact Information: __________________________________________________________

**FOR RISK MANAGEMENT USE ONLY**

Date Received: ___________________________ Received By: _______________________

Action taken: __________________________________________________________________

By whom: ___________________________ Projected Completion Date: ________________

Submit Completed Form to the FOM Office within 3 days of Incident.

Rev. 1/2010