Student Injury/Incident Report

City College of San Francisco

PH: 415-487-2482 • FAX: (415) 241-2344 • www.ccsf.edu/risk
33 Gough Street, San Francisco, CA 94103

CONFIDENTIAL-ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE
Only district employees complete this confidential, internal document. Do not share or copy.
IN CASE OF SERIOUS INJURIES, CALL (415) 487-2482 IMMEDIATELY.

The district employee witnessing the incident or supervising at the time should complete and submit this form within 24 hours. For employee and student-employee injuries, see www.ccsf.edu/workcomp and do not use this form.

DATE OF INJURY

NAME OF INJURED PERSON (LAST, FIRST, M.I.)	AGE	PHONE NUMBER OF THAT PERSON

IS INJURED PERSON A MINOR? ☐ NO ☐ YES	IF MINOR, NAME OF PARENT OR LEGAL GUARDIAN

HOME ADDRESS OF PERSON INJURED (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE, AND ZIP CODE)

WHERE DID INCIDENT OCCUR (DETAILS PLEASE)	TIME ☐ A.M. ☐ P.M.

DESCRIBE HOW INCIDENT OCCURRED (USE FACTS/OBSERVATIONS ONLY; EXCLUDE OPINIONS AND/OR ASSUMPTIONS)	INJURED VIOLATED SCHOOL RULE? ☐ NO ☐ YES

NAME OF PERSON IN CHARGE AT TIME OF INCIDENT	PERSON'S RELATIONSHIP TO COLLEGE	PRESENT AT INCIDENT? ☐ NO ☐ YES

NAME OF WITNESS(ES)	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

POSSIBLE NATURE OF INJURY

☐ abrasion ☐ fracture ☐ strain/sprain
☐ contusion ☐ cut ☐ dislocation
☐ loss of consciousness ☐ internal ☐ ____________

THIS FORM IS A CONFIDENTIAL INCIDENT REPORT AND NOT A DIAGNOSIS OR AN OFFICIAL MEDICAL EVALUATION.

POSSIBLY INJURED BODY PART

☐ head ☐ finger ☐ arm ☐ abdomen
☐ neck ☐ eye ☐ leg ☐ hand
☐ back ☐ chest ☐ face ☐ foot
☐ other: ____________

FIRST AID PROCEDURES USED

WHERE DID INJURED GO AFTER ACCIDENT? ☐ Home ☐ Doctor ☐ Hospital ☐ Class ☐ Ambulance	PHONE NUMBER OF FIRST AID PROVIDER

IF INJURED LEFT SITE, WITH WHOM DID THEY LEAVE	PHONE NUMBER OF THAT PERSON	RELATIONSHIP TO INJURED

REMARKS

For your protection California law requires the following to appear on this form. "It is unlawful to: (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years or by fine not exceeding $1,000 or by both."

NAME OF PERSON COMPLETING REPORT	JOB CLASSIFICATION	PHONE NUMBER OF PERSON

ADDRESS OF PERSON COMPLETING REPORT

SIGNATURE	DATE SIGNED	WERE YOU AN EYE WITNESS? ☐ NO ☐ YES

SUBMIT FORM TO AARON HOLMBERG - FAX: (415) 241-2344 - 33 GOUGH STREET, SAN FRANCISCO, CA 94103

Revised 10/16