

## **ACCIDENT REPORT**

Do Not Use For Motor Vehicle Accidents

STUDENT	VISITOR	VENDOR

**TO PROTECT THE STATE OF CALIFORNIA, THE UNIVERSITY AND ITS EMPLOYEES**, the following information should be provided by the instructor, supervisor or other state employee having knowledge of an accident when a **student**, **visitor or vendor** is injured on state property or during a state sponsored activity and/or if **personal property** damage is incurred. All injuries, other than first aid, should be reported. Please report immediately if a death or serious injury occurs. If more space is needed, please provide attachments.

## Please sign and date the report in Section 4 below.

ORIGINAL: Risk Management COPY: Your Dept. File

Section 1		Full Name of Injured Party: (Please Print First and Last Name)  Date and Hour of					Accident:			
		Home Address: (Street, City, State, Zip)					Home Telephone:			
	\RTY	Business Name of Injured Vendor:					Business Phone:			
	RED PA	Location of Accident: (i.e. Campus Location, Class Number)	Cell/Alt. Telephone:							
	INJO	Nature of Injury: (specific body part and injury)		Where treated:						
		Description of Accident:								
		Assistance Rendered:					Does injured party have medical insurance?			
Section 2		Name of Property Owner: (Please Print First and Last Name)	Hour of I	Loss:						
	PROPERTY DAMAGE	Address: (Street, City, State)		Home Phone:						
	ту ра	Nature and Extent of Damages:				Cell/Alt. Telephone:				
	OPER	Location of Property When Damaged:								
	PR	How Property Damage Occurred:		16:	<u> </u>					
Section 3	SSES	Name of Witnesses: (Pease Print First and Last Name)  1.	Address	ddress: (Street, City, State) or Phone						
	WITNESSES	2.								
	-	3.								
Section 4 PERSON	5 L	Name of Person Completing this Report: (Please Print First and Last Name)				Work Phone:				
	COMPLETING REPORT	Title or Work Location:					Cell/Alt. Phone:			
	8	Signature:					Date of Report:			

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except law enforcement officers, State officials, or persons authorized by the State.