COPY: Your Dept. File

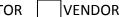


ACCIDENT REPORT

Do Not Use For Motor Vehicle Accidents

3	TUDENT	VISITOF

ORIGINAL: Risk Management



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.

		_				-		
Section 1 INJURED PARTY		Full Name of Injured Party: (Please Print First and Last Name)		Date and Hour of Accident:				
		Home Address: (Street, City, State, Zip)			Home Telephone:			
		Duringer Name of Injured Vender				Business Phone:		
	λRTY	Business Name of Injured Vendor:			Business Phone.			
	RED P/	Location of Accident: (i.e. Campus Location, Class Number)				Cell/Alt. Telephone:		
	INIU	Nature of Injury: (specific body part and injury)				Where treated:		
		Description of Accident:						
		Assistance Rendered:			Does injured party have medical insurance? Ves No			
Section 2		Name of Property Owner: (Please Print First and Last Name) Date and Hour of			Hour of I			
	ЭE	Addrossy (Street City State)			Home I	Phonos		
	MAC	Address: (Street, City, State) Home			потте і	none.		
	PROPERTY DAMAGE	Nature and Extent of Damages: Ce			Cell/Alt	ll/Alt. Telephone:		
	OPER	Location of Property When Damaged:						
	PR	How Property Damage Occurred:						
Section 3	S	Name of Witnesses: (Pease Print First and Last Name)	Address: (Street, City, State) or Phone		
	SSE	1.						
	WITNESSES	2.						
	-	3.						
	ט	Name of Person Completing this Report: (Please Print First and Last Name)			Work Phone:			
Section 4 PERSON	RT	Title or Work Location:			Cell/Alt. Phone:			
	IMPLETIN REPORT							
	00	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.