

Open this form in Adobe Acrobat directly (not on the web) in order for the fillable sections to work.



ACCIDENT/INCIDENT REPORT FORM

SECTION I – PERSONAL INFORMATION OF INJURED		Today's Date: _____
ARE YOU EMPLOYED BY YAVAPAI COLLEGE? <input type="checkbox"/> YES* <input type="checkbox"/> NO		
*IF YOU ARE EMPLOYED BY YAVAPAI COLLEGE, INCLUDING STUDENT WORKERS, STOP! YOU MUST COMPLETE THE EMPLOYEE FORM: Accident/Incident Report (maxient.com)		
WHAT IS YOUR STATUS? <input type="checkbox"/> STUDENT ONLY <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER _____		
EMAIL COMPLETED FORM TO CAMPUSPOLICE@YC.EDU WITH subject: <i>Accident Report Form [Last Name, First Name] /Encrypt</i>		
LAST NAME:	FIRST NAME:	MI :
ADDRESS (STREET, PO Box, CITY, STATE, ZIP)		
DATE OF BIRTH:	HOME PHONE:	
EMERGENCY CONTACT INFORMATION NAME:		PHONE:
SECTION II – ACCIDENT/INCIDENT INFORMATION		
DATE OF ACCIDENT/INCIDENT: _____ TIME OF ACCIDENT/INCIDENT: <input type="checkbox"/> _____ AM <input type="checkbox"/> _____ PM		
DID THIS HAPPEN: <input type="checkbox"/> COMING INTO WORK <input type="checkbox"/> DURING WORK HOURS <input type="checkbox"/> LEAVING WORK <input type="checkbox"/> OTHER _____		
LOCATION OF ACCIDENT/INCIDENT: _____		
WHICH CAMPUS: <input type="checkbox"/> CHINO VALLEY <input type="checkbox"/> CTEC <input type="checkbox"/> PRESCOTT <input type="checkbox"/> PRESCOTT VALLEY <input type="checkbox"/> SEDONA <input type="checkbox"/> VERDE VALLEY <input type="checkbox"/> OTHER		
DID INJURED PERSON SEEK MEDICAL ATTENTION: <input type="checkbox"/> Yes <input type="checkbox"/> No DID INJURED PERSON GO TO EMERGENCY ROOM: <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS THE INJURED PERSON TRANSPORTED BY AMBULANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No		
WHERE DID INJURED PERSON SEEK MEDICAL ATTENTION – PROVIDE NAME AND ADDRESS OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL _____		
IF HOSPITALIZED, HOSPITAL NAME: _____		
TYPE OF ACCIDENT/INCIDENT: _____		PART OF BODY INJURED: _____ <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
Describe what happened (use the back of the sheet for additional information): 		
WITNESS TO ACCIDENT/INCIDENT: _____		PHONE: _____
WEATHER CONDITIONS AT TIME OF ACCIDENT/INCIDENT: _____		
ACCIDENT/INCIDENT RELATED TO: <input type="checkbox"/> FLOORING/SURFACE <input type="checkbox"/> LIQUID/VAPORS <input type="checkbox"/> WEATHER/NATURE <input type="checkbox"/> OTHER _____		
SIGNED BY: INJURED PERSON'S SIGNATURE (PRINT & SIGN): _____		DATE: _____
SIGNED BY: YC REPRESENTATIVE'S SIGNATURE: (PRINT & SIGN) _____		DATE: _____
WAS COLLEGE POLICE CALLED TO THIS ACCIDENT/INCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Students, visitors, and other non-employees email the completed form to CampusPolice@yc.edu with the subject: <i>Accident Report Form [Last Name, First Name] /Encrypt</i>		