COLLEGE OF THE SISKIYOUS
REPORT OF ACCIDENT

TO BE COMPLETED BY STAFF MEMBER

Name of Individual Involved in Accident ________________________________

Phone Number __________________

☐ Student – User ID S00________
☐ Non-Student
☐ Employee (must be reported to Human Resources)

Class (if student)_________________ Instructor ______________________________

Date of Accident __________ Time of Accident ____________________________

Location of Accident _____________________________________________________

Describe How Accident Occurred __________________________________________

_____________________________________________________________________

_____________________________________________________________________

Describe Injury (indicate left, right, etc.) _________________________________

_____________________________________________________________________

_____________________________________________________________________

Actions taken by Instructor/Person Reporting ______________________________

_____________________________________________________________________

_____________________________________________________________________

Who Responded?

☐ EMT ☐ Police ☐ No Help Requested ☐ Other ______________________

Actions taken by Emergency Response Personnel __________________________

_____________________________________________________________________

_____________________________________________________________________

Name(s) of Witness(s) ___________________________________________________

Person Reporting __________________ Signature ____________________________

Date __________
ACCIDENT REPORT PROCEDURE

When a student is injured during class or a class related activity, they are covered by an accident policy paid for by their health fee.

When a student is injured, please do the following:

1. The instructor/staff member completes an accident report and submits it to the Student Services Office. **Do not have the student complete the form. The claim process cannot begin until this first step is completed.**

2. Let the student know that the College’s insurance is **SECONDARY** to their personal insurance. Only if they have no insurance or Medi-Cal does the policy become the primary insurance.

3. The student will receive paperwork and instructions from the Student Services Office on how to file a claim. There is a $50 deductible for each injury.

Call Janice González at 938-5597 if you have questions.