



# STUDENT ACCIDENT/INJURY REPORT

## CAMPUS NAME: MESA COLLEGE

**THIS FORM IS NOT TO BE COMPLETED BY THE STUDENT!**

Today's Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Time Injury Occurred: \_\_\_\_\_

Student Accident/Injury report taken by: \_\_\_\_\_

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CSID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Student Home #: \_\_\_\_\_

Name of Student's Health Insurance Plan? (if applicable) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### ACCIDENT / INJURY SUMMARY

Location where accident happened: \_\_\_\_\_

Was first aid rendered to student?  Yes  No By whom? \_\_\_\_\_

Which body parts were injured? \_\_\_\_\_

Was student participating in an intercollegiate event?  Yes  No

Was student transported by ambulance?  Yes  No

Exactly how did accident happen? \_\_\_\_\_

\_\_\_\_\_

Disposition of Student: (back to class, home, E.R.?) \_\_\_\_\_

Police report taken?  Yes  No Name of Campus Police Officer: \_\_\_\_\_

HSR Student Accident form issued to student?  Yes  No

Date HSR Student Accident form issued: \_\_\_\_\_

### WITNESS INFORMATION, (if applicable)

Witness Name: \_\_\_\_\_ Witness Phone: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

**PROMPTLY SEND THIS COMPLETED FORM TO RISK MANAGEMENT/DISTRICT OFFICE  
Copy to VPA Office (Campus Safety Officer)**