

MERCED COMMUNITY COLLEGE DISTRICT INCIDENT REPORT

3600 M Street, Merced, CA 95348

(209) 384-6000

CONFIDENTIAL-ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE.

This report is to be completed by District employees. This form is a confidential, internal, document: its contents are not to be shared or copied for any persons who are not District employees and/or their legal representative.

IN CASE OF SERIOUS INJURIES A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY.

NOT FOR DISTRICT EMPLOYEE INJURIES

1. Date of Report **NOTE: The district employee either witnessing the accident or supervising at the time should complete and submit this form to Campus Police (Stop #39) within 24 hours. Please type or print using ball-point pen.**

INJURED PARTY	2.. Name of Injured Person (Last, First, M.I.)		3. DOB	4. Datatel #	5. Telephone Number of Injured Person ()
	6. Is Injured Person A Minor <input type="checkbox"/> No <input type="checkbox"/> Yes➤		7. Name of Parent or Legal Guardian		
	8. Address of Person Injured (Number, Street, Apartment Number, City, State and Zip Code)				
	9. Where Did Accident Occur		10. Date (Month/Day/Year)		11. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	12. Describe How Accident Occurred (Use Facts Only; Exclude Opinions And/Or Assumptions)				

13. List Witness(es), if available, with address and phone number(s).			
13a. Name of Witness(es)	13b. Address	13c. Telephone No.	13d. Status (Student, Etc.)

14. First and Last Name of Person In Charge At Time Of Accident	15. Title Of Person (Instructor, Etc.)	16. Present At The Time <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Violated School Rule <input type="checkbox"/> Yes <input type="checkbox"/> No
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FIRST AID	18. Apparent Nature of Injury (Please Check)		19. Injured Part of Body (Please Check)			
	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Head	<input type="checkbox"/> Finger	<input type="checkbox"/> Arm
<input type="checkbox"/> Contusion	<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Neck	<input type="checkbox"/> Eye	<input type="checkbox"/> Leg	<input type="checkbox"/> Hand
<input type="checkbox"/> Internal	<input type="checkbox"/> Concussion		<input type="checkbox"/> Back	<input type="checkbox"/> Chest	<input type="checkbox"/> Face	<input type="checkbox"/> Foot
<input type="checkbox"/> Other (Explain)			<input type="checkbox"/> Other (Explain)			

20. First Aid Procedures Used	21. Name of Person Who Administered First Aid

22. Disposition of Injured After Accident <input type="checkbox"/> Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital	23. Who Was Notified	24. Relationship to Injured
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25. If Injured Pupil Left Site To Whom Released	26. Name and Attitude of Anyone Contacting School/CCD
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27. Student Insurance Type: Private _____ Medical/Medicare None Other _____

28. Remarks Continued:

For your protection California law requires the following to appear on this form. "It is unlawful to: (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years or by fine not exceeding \$1,000 or by both."

29. Site of Incident: Merced Los Banos BRC CDC Other _____

30. Name of Person Completing Report	31. Title	32. Telephone Number ()
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33. Address of Person (Number, Street, City, State and Zip Code)	34. Person was an eye witness? <input type="checkbox"/> Yes <input type="checkbox"/> No
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35. Signature of Person Completing Report	36. Date Signed	37. Date of Receipt
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POLICE SERVICE USE ONLY	Incident File # _____	Police Report # _____	Pictures? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SUBMIT COMPLETED FORM TO: MERCED COMMUNITY COLLEGE DISTRICT POLICE SERVICES (Stop #39)