

SOUTHEASTERN ILLINOIS COLLEGE DISTRICT # 533

* Incident/Injury/Property Damage Report Form*

This report is to be completed immediately following any incident wheter or not resulting in personal injury or the potential of personal injury, or property damage. The completed Incident/Injury/Property Damage Report form is to be signed and delivered immediately to the Assistant to V.P. of Administration and Business Affairs and a duplicate to the Office of Campus Security.

INFORMATION: Complete Name, Current Address, and Telephone Number

Last Name First Name MI Date of Birth Age
Street City State Zip Code Telephone Number

IF EMPLOYEE JOB TITLE:

Male Female Student Staff Visitor Other

INCIDENT/INJURY/EXPOSURE INFORMATION

Date of Incident Time of Incident AM/PM Campus Carmi Center IYC *Other

Location/Building #/etc City State Zip Code Telephone Number

Disposition: Refusal of Care Medical Attention Ambulance Authorities/Police Other

Simple First Aid Administered:

Was the injured treated in the Emergency Room? Yes No

Emergency Room Address:

Name and address of physician/health care professional, if seen. (if unknown at time, submit to business office after visit.)

What was the injury or illness? Please specify ie, scraped right knee, smashed left finger on right hand. Be specific.

How did the incident occur?

What was the injured person doing when the incident occurred?

Was property damaged as a result of incident? Yes No Describe:

Please Attach Additional Information Sheet If Needed: Attachments? Yes No

Date of Report: Signature:

Signature of person reporting if injured party is unable to sign:

Printed Name:

For Business Office Use Only: Date Received: Signature: