

ACCIDENT REPORT

(Other Than Motor Vehicle)
 STUDENT VISITOR VENDOR

TO PROTECT THE STATE OF CALIFORNIA AND ITS EMPLOYEES, the following information should be provided by the instructor, supervisor or other state employee having knowledge of an accident when a student, visitor or vendor is injured on state property or during a state sponsored activity and/or if personal property damage is incurred. All injuries, other than first aid, should be reported. Please report immediately if a death or serious injury occurs. If more space is needed, please provide attachments.

ORIGINAL: Human Resources

COPY: Your Dept. File

Signature of Employee or Instructor completing this form		Home Address: (Street, City)	
Title	Department	Home Telephone:	State Telephone:
Location of Accident:			Date and Hour of Accident
Description of State Property Involved:			

INJURED PARTY	Name: (Last, First, M.I.)		Class Number
	Address: (Street, City, State)		Phone:
	Nature of Injuries: (specific body part and injury)		Where Treated?
	Does Insured have Med. Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		

PROPERTY DAMAGE (Not State Property)	Name of Property Owner: (Last, First, M.I.)		Address: (Street, City, State)
	Nature and Extent of Damages:		

WITNESSES	Name of Witness: (Last, First, M.I.)		Address: (Street, City, State) or Phone
	1.		
	2.		
	3.		
	4.		

Describe Accident in Detail: (circumstances of accident, who was involved, what happened)

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except law enforcement officers, State officials, or persons authorized by the State.