

Non-Employee Injury/Accident Report

PLEASE COMPLETE THIS REPORT IF YOU ARE INVOLVED IN AN INCIDENT, SUSTAIN AN INJURY, OR ARE WITNESS TO AN INCIDENT OR INJURY

Name: _____ Phone: _____
Street Address: _____ City, State, Zip: _____
Status: ☐ Visitor ☐ Volunteer ☐ Other _____ Gender: ☐ Male ☐ Female ☐ Do not wish to disclose
Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM
Incident Location: _____
Injury occurred to: ☐ self ☐ other ☐ N/A

WITNESSES – List all witnesses to the incident/injury

Name: _____ Phone: _____ Staff: ☐ YES ☐ NO
Street Address: _____
City, State, Zip: _____
Name: _____ Phone: _____ Staff: ☐ YES ☐ NO
Street Address: _____
City, State, Zip: _____

Describe what happened, how it happened, who was involved and why it happened: Be specific and detailed enough so that anyone reading this report will understand the nature and extent of the incident. Include events that occurred immediately before the incident/accident.

Please check one: ☐ Injury ☐ Non-Injury Accident ☐ Criminal Activity ☐ Other

Authority Reported to: ☐ Campus Security ☐ Oregon State Police ☐ College Official (VP, President, etc.)
☐ Facilities ☐ County Sheriff ☐ City Police ☐ Other Agency _____

Was Administrative Services Notified within 24 hours? ☐ Yes ☐ No Date Administrative Services notified: _____
Was the accident caused by faulty equipment? ☐ Yes ☐ No If yes, preserve evidence and identify.

Injury

Has this body part been injured before? ☐ Yes ☐ No If yes, please explain: _____

First Aid Given? ☐ YES ☐ NO If yes, please indicate the type of first aid: _____
Who administered first aid? _____ Phone: _____

Did you/the injured person receive medical treatment beyond first aid? ☐ YES ☐ NO
Treatment required: ☐ None ☐ Visit to doctor ☐ Ambulance ☐ Hospitalization ☐ Emergency Room ☐ Overnight Hospitalization

Note: If you checked "none" and later feel you need to see a doctor for this injury, call Administrative Services at 541-888-7206.

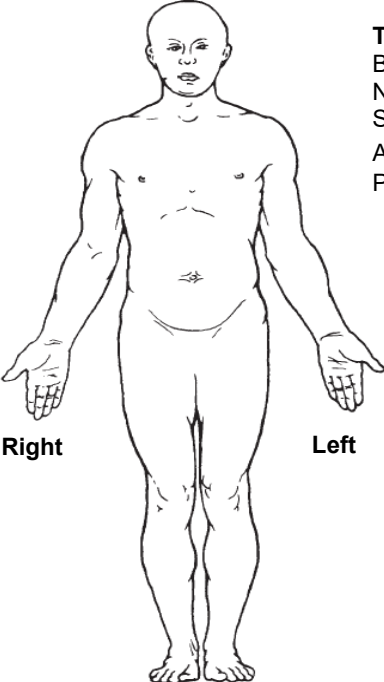
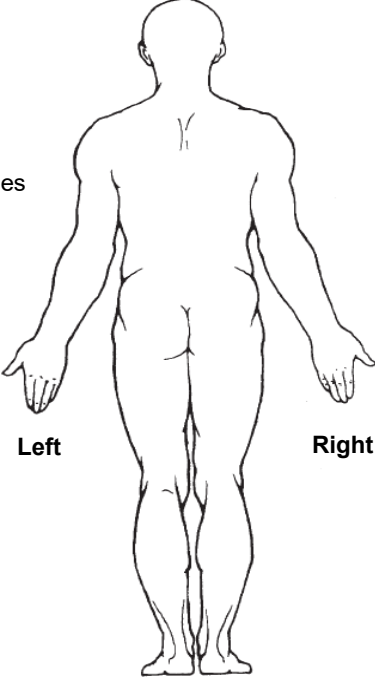
Body Part Injured*:

Using L for Left and R for Right, indicate your injuries below

<u>HEAD</u>	<u>TRUNK</u>	<u>EXTREMITIES</u>	<u>OTHER</u>
<input type="checkbox"/> Ear	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle	<input type="checkbox"/> Lower Arm
<input type="checkbox"/> Eye	<input type="checkbox"/> Back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Lower Leg
<input type="checkbox"/> Face	<input type="checkbox"/> Chest	<input type="checkbox"/> Finger	<input type="checkbox"/> Thumb
<input type="checkbox"/> Head	<input type="checkbox"/> Groin	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes
<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<input type="checkbox"/> Upper Arm
<input type="checkbox"/> Scalp	<input type="checkbox"/> Trunk	<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist

Type of Injury Suspected: ☐ Laceration/Abrasion ☐ Bruise/Contusion ☐ Sprain/Strain ☐ Fall
☐ Dislocation ☐ Fracture ☐ Concussion ☐ Surface Cut/Scratch ☐ Burn ☐ Other _____

Pain Diagram

Front		Back
	Type of Pain B = Burning N = Numbness S = Stabbing A = Aching P = Pins & Needles	
Right		Left
		Right

Pain Scale

0 = No Pain 10 = Severe Pain

Check one: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Please use the space below to describe your condition further, if needed:

I certify, as attested by my signature below, that all information I have given is true and contains no false statements and/or misrepresentations.

_____ Printed name of person completing report	_____ Signature of the person completing this report	_____ Date
Relationship to injured party <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other _____		

_____ Printed name of college personnel receiving form	_____ Signature of college personnel receiving form	_____ Date
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RETURN COMPLETED FORM TO ADMINISTRATIVE SERVICES IN TIOGA HALL

Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, gender identity, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations.