



STUDENT ACCIDENT REPORT

FULL NAME OF INJURED STUDENT: _____ SSN: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ SEX: _____ MARTIAL STATUS: _____

NAME OF FRIEND/RELATIVE: _____ TELEPHONE: _____

LOCATION WHERE ACCIDENT OCCURRED: _____

DID ACCIDENT OCCUR ON COLLEGE PROPERTY? _____

DATE OF INJURY: _____ DAY OF WEEK: _____ HOUR OF DAY: _____ AM
PM

WHEN WAS ACCIDENT REPORTED: _____

CAUSE OF ACCIDENT: _____

WAS SAFETY BEING OBSERVED AT THE TIME OF ACCIDENT: _____

WAS ACCIDENT CAUSED BY INJURED'S FAILURE TO USE OR OBSERVE SAFETY REGULATIONS: _____

DESCRIBE FULLY HOW THE ACCIDENT OCCURRED: _____

DESCRIBE THE INJURY IN DETAIL AND INDICATE THE PART OF BODY AFFECTED: _____

WAS STUDENT TAKEN TO HOSPITAL: _____

NAME AND ADDRESSE OF HOPSITAL: _____

NAME AND ADDRESSES OF WITNESSES: _____

VC REPORTING EMPLOYEE SIGNATURE: _____ **DATE OF REPORT:** _____

SUBMIT REPORT TO:

**HUMAN RESOURCE OFFICE
VERNON COLLEGE
4400 COLLEGE DRIVE
VERNON, TEXAS 76384**

**DEAN OF STUDENT SERVICES
VERNON COLLEGE
4400 COLLEGE DRIVE
VERNON, TEXAS 76384**