

Citrus Community College District
Non-Employee Injury Report Form

SUBMIT THIS FORM WITHIN 24 HOURS to the OFFICE OF HUMAN RESOURCES

Date of this Report: _____ A report of injury to a: Visitor Student

Name of Injured: _____ **Date of Accident:** _____

Address & Phone #: _____

Location: Where did the Accident occur? (Please be specific; inside/outside of building (name), Room #, near what landmarks, etc: _____

Describe the Incident: (Facts Only. Exclude opinions/assumptions as to cause):

Witness(es) if any. Include their Address & Phone:

What is the observable nature of the Injury?

Scrape Fracture Strain/Sprain Bruise
 Laceration Internal Puncture Wound Cut
 Other (please describe): _____

Body part(s) injury:

Head Face Eye Neck Chest
 Abdomen Back Shoulder Arm Elbow
 Wrist Hand Finger Leg Ankle
 Foot Toe Other: _____

Corrective Action: What changes or actions would you recommend be taken to prevent this accident from occurring again? _____

Other Comments:

Signature of Injured: _____ **Date:** _____