

Injured person is a: Student Employee Visitor Student doing clinical hours				Date of report:	
Injured person's name:		Date of birth: _____ Age: _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Telephone:
Injured person's address:			City:	State:	Zip Code:
Date of injury: _____	Campus: <input type="checkbox"/> Riverside <input type="checkbox"/> Norco <input type="checkbox"/> Moreno Valley	Location: <input type="checkbox"/> District Office <input type="checkbox"/> Coil <input type="checkbox"/> Ben Clark Training Center	<input type="checkbox"/> Culinary Academy <input type="checkbox"/> March <input type="checkbox"/> Other _____		
Student Information: Provide instructor's name: _____ Provide class name: _____			Student ID Number: _____ Email Address: _____		
Employee Information: Provide supervisor's name and telephone number _____ Work Schedule: _____ Department: _____ Time work shift began on day of accident _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Date of hire: _____ Job Title: _____ Time injury reported to supervisor: _____					
Visitor Information: Which site(s) were you on _____ Which building/room were you in _____					
Was the incident an exposure? yes no If yes, what type of exposure? _____ Last date on site _____ Sites you were at that day _____					
Exact place accident occurred (<i>provide location name and complete address</i>):					
Specific activity the employee was doing when the event occurred:					
Describe how accident occurred:					
Specific Body part injured: _____				First aid given: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes by whom: _____	
Name:		Signature:		Date:	
Witnesses Witness name: _____ _____		Telephone: _____ _____		Email Address: _____ _____	

Instructions

1. If the injured person is an employee, complete the *Worker's Compensation Claim Form (DWC1)* in addition to the Accident Report, and forward all originals to the Risk Management Office **within 24 hours of the accident**.
2. All employees injured on the job **MUST call ATHENS** at 833-284-3670. In cases of serious or life threatening emergencies, the employee should call 911. Please call (951) 222-8127 or (951) 222-8128 for further information in regards to industrial injuries.

Date received by the Risk Management Office	Received by (<i>printed name</i>)	Signature
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