



STUDENT ACCIDENT REPORT FORM

FULL NAME OF INJURED STUDENT: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

NAME OF FRIEND/RELATIVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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 THE BODY AFFECTED: \_\_\_\_\_

WAS THE STUDENT TAKEN TO THE HOSPITAL: \_\_\_\_\_

NAME & ADDRESS OF HOSPITAL: \_\_\_\_\_

NAME & ADDRESSES OF WITNESSES: \_\_\_\_\_

VC REPORTING EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMIT REPORT TO: HUMAN RESOURCES OFFICE  
VERNON COLLEGE  
4400 COLLEGE DRIVE  
VERNON, TX 76384

DEAN OF STUDENT SERVICES  
VERNON COLLEGE  
4400 COLLEGE DRIVE  
VERNON, TX 76384