



# Incident Report

Distribution:  
 White copy – Insurance  
 Yellow copy - Security

- Visitor
- Student
- Employee
- Student Employee

**File this report immediately with the Security Office located in the Campus Services Building.**

Name (Last, First, MI)		JCC Student/Employee ID Number	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address (number and street)		City/State	Zip
Date of Birth (MM/DD/YYYY)		Home Telephone	Work Telephone/Ext.
Position	Department		Supervisor

Date of Incident (MM/DD/YYYY)	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Conditions (if applicable)	
Incident/Injury/Illness Location (building/room, parking lot, car, etc.)			
Incident/Injury/Illness Description (i.e. theft, property damage, trip/fall)	Events causing incident (i.e. fell operating machinery, chemical exposure). Please <b>be specific and complete</b> and attach separate sheet if necessary.		
Part of Body Affected (hand, arm, etc.)			
Object or Substance involved (knife, acid, ladder, etc.)			
Property Damaged/Stolen			
Estimated Cost			Actual Cost
Nature of Damage			

Emergency Personnel Requested?	Hospital/Clinic:	Phone:
<input type="checkbox"/> 911 <input type="checkbox"/> Campus Security	Address:	
<input type="checkbox"/> Ambulance <input type="checkbox"/> None		
<input type="checkbox"/> Rescue <input type="checkbox"/> Other	Physician:	Phone:
Medical Treatment Sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	

Witness Name		Witness Name
Phone		Phone
Address		Address

Attach additional information (witness narrative, etc.) on separate paper as necessary.

Report prepared by: \_\_\_\_\_ Name \_\_\_\_\_ Date report prepared \_\_\_\_\_