

Cañada College
Accident - Injury Report

Injured Person	Name:	SSN:
	Address:	Telephone:
	Primary Insurance:	Birth date:
	Circle one: Male Female	Circle One: Student Staff Faculty Visitor
	Please describe what the injured was doing when hurt.	
Time and Place	Date and time of accident:	
	Location:	
Description of Accident	Please describe the accident:	
The injury	Nature and extent of injury:	
Witness	Name	Address
	Phone number	

Signature of recorder: _____
 Make 4 copies one to SMCCCD Office of Associate Chancellor, Business Office, Health Center, and Injured