



**SOUTHEASTERN ILLINOIS COLLEGE DISTRICT #533
INCIDENT REPORT**



Use this form to report accidents, injuries, medical situations, or property damage. (Incidents involving a crime or traffic incident should be reported directly to Security or Campus Safety Coordinator.) The report should be completed in full immediately, if possible, and submitted to the office of the Assistant to the Executive Dean of Business Services in the Business Office.

Part 1: INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT

Full name				Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address			City,	State,	Zip
					DATE OF BIRTH
Phone Number:		Home	Cell	Work	
SIC STUDENT <input type="checkbox"/>		SIC STUDENT ATHLETE <input type="checkbox"/>		VISITOR <input type="checkbox"/>	
		VENDOR <input type="checkbox"/>		OTHER (explain) <input type="checkbox"/>	
EMPLOYEE <input type="checkbox"/>		Job Title:		Department:	
				Supervisor	

Part 2: DESCRIPTION OF THE ACCIDENT/INCIDENT/DAMAGE

Date of Accident/Incident	Time of Accident/Incident : AM PM	Location incident occurred (main campus, Carmi, WISBC, or list other location) /Building #/Room#/Parking lot ID/etc.
Disposition: Refusal of care <input type="checkbox"/> Authorities/Police/Fire <input type="checkbox"/> Ambulance dispatched? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> * Other (explain below)		
Simple first aid administered (describe or not applicable):		
Who notified external assistance above or not applicable?		
To what medical facility did ambulance transport injured/impaired or not applicable?		
*OTHER Notes:		
Resulted in Injury or Property damage? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, complete →	Description of Injury/Illness/Property Damage (i.e. thumb of right hand, left lower side of front bumper, etc.)	

Part 3: ACCIDENT/INCIDENT/PROPERTY DAMAGE DETAILS

Specific task being performed at AND before the time of Accident/Incident (attach additional sheet if necessary):

List witnesses, their phone numbers, and/or other contact information:

Printed name of person completing report:	Signature (signing this form does not constitute acceptance of individual fault): DATE:	PAGE ____ OF ____ OF THIS REPORT
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If involved/affected person is an employee, direct supervisor must be notified. Supervisor signature and date REQUIRED below:

Date: _____ **Supervisor Signature:** _____

Review and signature of Environmental Director:

Date: _____ **Signature:** _____

For Business Services Use Only

Date Received: _____ **Signature:** _____