**Pueblo Community College   
Department of Public Safety**

**Accident/Injury Report Form (Non-Employee)**

This document is to be filled out by a staff, faculty member, or part-time instructor of   
Pueblo Community College (PCC). Please submit the completed report to:

Pueblo and Fremont Campus to the PCC Police Department - 719-549-3355  
Durango and Mancos Campus to the Executive Dean, SCCC - 970-564-6222

**Form must be completed and submitted within 24 hours of incident.**

Questions? Please call one of the above numbers.

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**Personal Information**

Name of Injured Person:

The person involved in the incident is a: Student  Visitor 

If Student, please list his/her **S#**

Is the person involved in the incident a Minor? Yes  No

If Minor, name of parent or legal guardian:

Date of Birth: Gender: Male  Female   
Home Street Address: City:

State: Zip:   
Phone #: Phone # (Alternate):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Incident**

Date of injury or accident:

What time did the incident occur? A.M.  P.M.

Where did the incident occur on campus? (Details please.)   
Click here to enter text.

Building and Room #:

**Medical Action**

Was Medical Attention Required? Yes  No

Did EMS respond? Yes  No

Did EMS recommend injured person be transported to medical facility? Yes  No

Was the injured person transported to a medical facility by responding EMS personnel?

Yes  No  If yes, please put complete name of facility:

Where did injured go after accident?   
 Home  Class  Ambulance  Medical Center  Doctor  Hospital

If injured left site, with whom did they leave:   
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**Witness(es)**

Name of Witness:

Phone Number of Witness:

Name of Witness:

Phone Number of Witness:   
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe how the injury or incident occurred (use facts/observations only; exclude opinions and/or assumptions) and the nature of the injury (note the extent and location of the injury on the person’s body.):   
Click here to enter text.

I hereby attest to the best of my knowledge, that the information provided on this accident/injury report is accurate and truthful.

Student/Visitor Printed Name:

Signature:

Date:

Staff/Faculty/Instructor Printed Name:

Signature:

Date: