

## DEL MAR COLLEGE STUDENT/VISITOR ACCIDENT/INJURY REPORT

**Student      Visitor**

Please complete this form in order that the circumstances of your case may be evaluated by Del Mar College. You are hereby advised, however, that Del Mar College is immune from liability for any injury, illness or damage which you may have incurred. Forward completed form to the Del Mar College Environmental Health & Safety Office immediately. Phone No. 698-1641; Fax No. 698-2019.

### Injured Party Information

First Name	M.I.	Last Name	Date of Birth	Male	Female
Home Phone Number			Street Address	City, State, ZIP Code	

### Accident Information

Date	Time	East Campus	West Campus
Building	Room Number	Other Location	

Description of Accident

If additional space is needed, please attach additional sheet of paper.

Was an instructor or staff member present? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of instructor or staff member
Names of other witnesses 1. 2.	Addresses of witnesses 1. 2.

The above information is true and correct to the best of my knowledge.

Signature	Date
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### This section for Environmental Health & Safety Office Use

Action	Taken by	Date
1.		
2.		

Environmental Health & Safety Signature	Date
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Vice President, Administration & Finance Signature	Date
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