

Note: This form does not apply to employees nor does it take the place of the Workers' Compensation First Report of Injury Form or any other injury report required by the College's Insurance Company. If this involves a student employee injured in the course of performing work, refer the student employee immediately to Human Resources. Any employee workplace injury must be referred to Human Resources. **Please write legibly and in ink.**

**Virginia Western Community College  
Student/Visitor Incident Report**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM or PM

Name (of Injured Party) \_\_\_\_\_ Empl ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Position (check one) Student \_\_\_\_\_ Visitor \_\_\_\_\_

If a student, identify the class and section number: \_\_\_\_\_

Location of Incident \_\_\_\_\_

If incident occurred during a field trip, give location \_\_\_\_\_

Describe Incident and Injury:

Was the Campus Police called or was 911 called? (circle one or both)

Was the individual given treatment by emergency personnel? (If Campus Police, provide the responding officer(s) name) \_\_\_\_\_

Was the individual transported by emergency personnel? \_\_\_\_\_

If yes, to which medical facility was the person transported? \_\_\_\_\_

Did the individual refuse treatment or transportation by emergency personnel? \_\_\_\_\_

If First Aid only was administered, describe what was done, if known.

Was individual wearing personal protective equipment? (goggles, or any other protective equipment where applicable, ex. laboratory sessions) \_\_\_\_\_

Faculty Member of Student Involved \_\_\_\_\_

**Print Name and Initial**

**Date**

Division Dean/Director \_\_\_\_\_

**Print Name and Initial**

**Date**

Risk Management Coordinator  
(Craig Harris - Campus Police) \_\_\_\_\_

Signature

Date

Note: This form must be printed and signed by the individuals indicated above and sent to the Risk Management Coordinator who will submit proper notification to the Division of Risk Management, when warranted.  
Revised:05/6/2019