

CHIPPEWA VALLEY TECHNICAL COLLEGE
620 West Clairemont Avenue, Eau Claire, WI 54701-6162

Student/Visitor Accident Report Form

Instructions:

1. Complete this form to report injuries sustained by students/visitors at a Chippewa Valley Technical College Campus.
2. Form can be printed and completed **or** completed online (begin in "Name of Injured Party" section and tab to other sections), saved (File, Save As), and then printed.
3. If you are unable to complete the form, someone else may do it for you.
4. Date and sign the form.
5. Return the completed and signed form as soon as possible to Chippewa Valley Technical College, Central Services, Room ECB148, 620 West Clairemont Avenue, Eau Claire, WI 54701-6162.
6. If you have any questions, please contact Doug Olson via e-mail (dolson@cvtc.edu) or telephone (833-6237).

Name of Injured Party:		Date and Time of Accident:	
Address of Injured Party:	City, State:	Zip Code:	
Status of Injured Party: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other			
Date of Birth:	Social Security No.:	Home Phone No.:	Work Phone No.:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			
If Student, Program Area:			
Name of Witness, if any:		Location of Accident: (if room, specify no.)	
Address of Witness:	City, State:	Zip Code:	
Was instructor in room during accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of instructor:		Has injured party lost time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has family been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date notified:		Has other agency been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature and Extent of Injuries:			
Describe First Aid given at College:			
Name of Hospital/Clinic (if injured party was transported):		Transportation Means:	
Doctor's Name:		Item or Factor Causing Accident:	
Describe Fully How the Accident Occurred:			
Instructor/Staff Signature:	Student/Visitor Signature:	Current Date:	