

CSUSM Non-Employee Accident/Incident Form

Date of Incident: _____ Time: _____ a.m. p.m.

Location of Incident: _____

Name of Injured: _____
Last name First name MI

Student Faculty

Student ID or Employee ID Number: _____ DOB: _____

Street Address: _____

Apt. / Unit No.: _____

City _____ State _____ Zip _____

Telephone: _____ Work/Cell Phone: _____

Reported by: _____

Medical Assistance? Y N By: _____

Hospitalized? Y N Where? _____ Admission time: _____

Transported by: UP Officer Ambulance/Paramedics Other _____

Describe any injury/property damage:

General Description of Events:

Probable Cause/s:

Witnesses, name and telephone #: _____ **Statement Rec'd**

Incident Investigation Follow Up Performed By: _____

Print Name/Title _____ Signature _____ Date _____

Return to _____@csusm.edu