

Use this form to report accidents and incidents pertaining to students and visitors occurring at the SJSU campus. This form is also to be used to report accidents and incidents occurring to SJSU students while engaged in off-campus curricular activities. Refer to the [Student and Visitor Accident Reporting Guidelines](#)¹ for full explanation and instructions to reporting cases. Return completed form to [Risk Management](#)², Extended Zip 0004, or email to marla.perez@sjsu.edu.

I. Personal Information of Involved Person

a. Full Name: _____	Affiliation:	Student	Visitor
b. Address (street, city, state, zip): _____			
c. Phone Number: _____	Email: _____		

II. Details of Accident

a. Date of Accident: _____	Time of Accident: _____
b. Location where accident occurred. If incident occurred during class, include Class Identification and Name of Instructor: _____	
c. Briefly describe the accident (use reverse if more space is needed): _____	
d. Nature and extent of injuries: _____	
e. Did injuries require medical care?	Yes (provide location and treating physician’s name) No
Physician’s Name, Facility, and Location: _____	
f. Were there witnesses?	Yes (provide names and contact information) No
1. Name: _____	Phone: _____
Address: _____	
2. Name: _____	Phone: _____
Address: _____	
g. Was any personal property damaged?	Yes No
1. Property: _____	Value: _____
2. Property: _____	Value: _____

III. Signature

Signature of Involved Person: _____	Date: _____
Case Number (if UPD investigated): _____	

¹ https://www.sjsu.edu/fabs/docs/risk_policy_accident_std_visit.pdf

² <https://www.sjsu.edu/fabs/services/risk/index.php>