

**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE**

**Accident Report**

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Injured Student: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Injury \_\_\_\_\_  AM  PM

Campus/Work Site Where Accident Occurred: \_\_\_\_\_

Your reason for completing this report:  Injured Student  Witness to Accident  
 Accident reported to you as Supervisor; Date Reported \_\_\_\_\_

Body Part and Nature of Injury \_\_\_\_\_  
Specific Location of Accident (Bldg., Rm., etc.) \_\_\_\_\_

Outside  Inside  Wet  Dry On Premises:  Yes  No

In a Concise Paragraph, Describe How the Accident Occurred as Witnessed by or Reported to You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESS (ES) Enter the names of individuals who witnessed the accident\*\*  
(\*If not a SVCC employee, please not status ex. Student, visitor etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREPARED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(name printed)

DATE: \_\_\_\_\_