

Copper Mountain College Incident Report Form – Employees*, Students, and Visitors

*Injured faculty/staff should also use Worker’s Comp Procedures and forms on College website.

Date and Time of Incident: _____ Date and Time of Report: _____

Please complete this form to document any unusual occurrences or incidents on campus or a CMC off-campus sponsored event.

1. Name of Reporting Person: _____ Phone: _____
Last First Middle Initial
Position of Reporting Person: _____

2. Name of Involved Party: _____ Phone: _____
Last First Middle Initial

Optional Information: Age: _____ Gender: (_____) Male (_____) Female
Student ID Number (if applicable): _____

3. Type of Incident: (_____) Bodily Injury (_____) Vehicle (_____) Behavior (_____) Theft
Other (PLEASE SPECIFY): _____

4. Status of Involved Party at time of accident: (_____) Student (_____) Visitor (_____) Faculty/Staff (_____) Student Athlete

5. Specific location of incident: _____ Building and Room Number: _____

6. If incident occurred at an off-campus location, was the activity College-sponsored? ____Yes ____No
** If “YES” please provide address of location: _____

7. Describe incident (include device, machine, material, Safety Data Sheet (SDS), or condition involved, activity engaged in at the time of incident, and type of injury and part of body involved: ****Please attach additional witness statement if necessary****

8. The individual named in this report (_____) **DID** (_____) **DID NOT** or (_____) **N/A** refuse assistance, such as treatment on the scene, transportation for medical treatment, etc.

****If Medical Treatment Refused Signature of Injured Party Required** _____ **Date** _____

Police or Sheriff Notified? (_____) YES ** if YES, File Number: _____ or (_____) NO
If Photos of incident are available please email copies for documentation to distribution list “Security Office”

9. Please list the College official who was first notified of this incident and the date of that notification.

College Official (Print Name) College Official (Signature) Date of Notification

Signature of Individual Making the Report Date of Report

Signature of Security Officer Date Report Received

COMPLETED FORM SHOULD BE EMAILED TO THE SECURITY OFFICE VIA THE DISTRIBUTION LIST LABELED “SECURITY Office”