INSTRUCTIONS: Prepare this report for ANY non-work related injury which MAY require first aid or medical attention. Return the completed form immediately to the Office of Risk Services, 2130 Center Street, Mail Code 4208 or fax to 510-643-0281.

Name of Injured:___________________________________________________________Age:_______
Address:___________________________________________ Telephone:______________________
Gender: Male ______  Female ______
Status: Student ______  Employee _______  Visitor______
Date of Accident:_________________________________ Time of Day: ____________ A.M./P.M.
Person in Charge of Area or Activity:______________________________________________
UC Police Called?  Yes______  No______  Person Refused Call to Police_______
Was Injured Person Transported to a Hospital?  Yes__  No__  If yes, name of hospital_____________

DETAILS OF ACCIDENT: Please describe fully the location of the accident, the circumstances under which it occurred, conditions (environment, weather, etc.) that might have been a factor, and whether tools, instruments, or other people were involved. (On the reverse side, please diagram the location of the accident.)

DESCRIPTION OF INJURY: Please describe the nature of the injury (specify part of the body injured).

DESCRIPTION OF ASSISTANCE RENDERED: Please indicate any first aid measures provided prior to treatment at a medical facility.

Name of reporting department: ___________________________________________________________
This report prepared by_______________________________________________________________
Date:_____________
Campus Address:_______________________________________________________________
Phone:_____________