### LOS ANGELES COMMUNITY COLLEGE DISTRICT INCIDENT/INJURY REPORT

**Name of College**: Los Angeles Community Colleges  
**Campus**: 770 Wilshire Boulevard  
**Location on Campus Where Incident Occurred**: Los Angeles Community Colleges  
**In partnership with the Los Angeles County Sheriff’s Department**

- **Date and Time Incident Occurred**:  
- **Date and Time Reported to Sheriff’s Department**:  
- **Incident No.**:

**Type of Incident**:  
- Employee  
- Student  
- Student Worker  
- Visitor  
- Non-Criminal Graffiti  
- Traffic Incident

**Code**:  
- ST-STUDENT  
- EM-EMPLOYEE  
- W-WITNESS  
- I-INFORMANT  
- DP-DISTURBING PARTY  
- M-PATIENT  
- P-PARTY

### PARTY INJURED/INVOLVED IN INCIDENT

<table>
<thead>
<tr>
<th>Sex</th>
<th>Race</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>Hair Color</th>
<th>Eye Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Injury (Industrial, Accident)**

**Extent of Injury (Minor or Serious)**

**Transported to**:  
- Yes  
- No

**Transported by**:  
- [ ]

**Supervisor’s/Instructor’s Name**:  
**Supervisor’s/Instructor’s Telephone Number**:  
**Supervisor/Instructor Notified**:  
- Yes  
- No

**Date and Time Notified**:  
**Date DWC-1 Form Issued**:  
**Date Medical Referral Issued**:  

### WITNESSES/OTHERS INVOLVED

<table>
<thead>
<tr>
<th>Code</th>
<th>No. of</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Race</th>
<th>Hair</th>
<th>Eyes</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>No. of</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Race</th>
<th>Hair</th>
<th>Eyes</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>No. of</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Race</th>
<th>Hair</th>
<th>Eyes</th>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Party’s Statement**

**Physical Observations**

**Reporting Officer**
- **Date and Time Received**:  
- **Person Reporting Incident (Print)**
- **Person Reporting Incident (Signature)**

**Reporting Officer’s Signature**
- **Approving Supervisor**  
- **Division – Clerk**

---

**Fax a Copy to the District’s Risk Management Office**  
**Hand Deliver the Original to the College Focal Point**  
**TO BE COMPLETED BY SHERIFF**

LACCD EH&S RR-03-4  
Rev. 3  
01/08

LACCD EH&S RR-03-4  
Rev. 3  
01/08