



LOS ANGELES COMMUNITY COLLEGE DISTRICT INCIDENT/INJURY REPORT

 <p style="font-size: small; text-align: center;"> <i>Los Angeles Community Colleges</i> 770 Wilshire Boulevard Los Angeles, CA 90017 In partnership with the Los Angeles County Sheriff's Department </p>		Date and Time Incident Occurred:	Name of College Campus:	Incident No.:
		Date and Time Reported to Sheriff's Department:	Location on Campus Where Incident Occurred:	

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

Party's Name (Last, First Middle):		Party's Address:		Party's Telephone No.		Party's Employee Number:		Party's Driver's License No.	
Sex:	Race:	Date of Birth:	Age:	Height:	Weight:	Hair Color:		Eye Color:	
Type of Injury (<i>Industrial, Accident</i>):		Extent of Injury (<i>Minor or Serious</i>):		Transported to:		Transported by:			
Supervisor's/Instructor's Name:		Supervisor's/Instructor's Telephone Number:		Supervisor/Instructor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date and Time Notified:			
Date DWC-1 Form Issued:				Date Medical Referral Issued:					

WITNESSES/OTHERS INVOLVED

Code	No. of	Last Name	First Name	Middle Name	DOB	Sex	Race	Hair	Eyes	Height	Weight
Res. Address			City		Zip	Driver's License		State	Res. Phone (w/area code)		
Bus. Address			City		Zip	Bus. Phone		Prior Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Code	No. of	Last Name	First Name	Middle Name	DOB	Sex	Race	Hair	Eyes	Height	Weight
Res. Address			City		Zip	Driver's License		State	Res. Phone (w/area code)		
Bus. Address			City		Zip	Bus. Phone		Prior Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Code	No. of	Last Name	First Name	Middle Name	DOB	Sex	Race	Hair	Eyes	Height	Weight
Res. Address			City		Zip	Driver's License		State	Res. Phone (w/area code)		
Bus. Address			City		Zip	Bus. Phone		Prior Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Party's Statement	
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Physical Observations	
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Reporting Officer	Date and Time Received	Person Reporting Incident (<i>Print</i>)	Person Reporting Incident (<i>Signature</i>)
Reporting Officer's Signature		Approving Supervisor	Division - Clerk

REFERENCE: LACCD EH&S RR-03

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

