

COLLEGE AND CAREER ADVANTAGE

Confidential Accident Report – High School Student

The CCA employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours.

- 1. Injured' s Name _____ Grade: _____ Age: _____
- 2. Address: _____ Phone: _____
- 3. Where did accident occur? Site: _____ Room # _____
- 4. Date of Accident: _____ Time: _____ AM/PM
- 5. Describe how accident occurred: _____

- 6. Employee in charge of injured person at time of accident: _____
Title: _____ was employee present? Yes No

- 7. Witnesses: _____ Address: _____
_____ Address: _____

8. Apparent nature of injury:

- Abrasion Fracture Strain/Sprain Contusion Puncture
- Dislocation Internal Concussion Laceration Other: _____

Injured part of body:

- Head Finger Arm Teeth Neck Abdomen
- Eye Leg Hand Back Chest Face
- Foot Other: _____

- 9. First Aid Procedures used: _____ by whom: _____
- 10. Disposition of injured after accident Class Doctor Hospital Home
- 11. Who was notified? _____ Relationship to injured: _____
- 12. If injured student left school, to whom released _____
- 13. Remarks: _____

Report Completed by: _____ Position: _____ Date: _____
 Report Approved by: _____ Position: _____ Date: _____

For your protection California law requires that the following appear on this form. "It is unlawful to (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in such a claim.

Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years, or by fine not exceeding \$1,000, or both."