



Use this form to report accidents and incidents pertaining to students and visitors occurring at the SJSU campus. This form is also to be used to report accidents and incidents occurring to SJSU students while engaged in off-campus curricular activities. Refer to the [Student and Visitor Accident Reporting Guidelines](#) for full explanation and instructions to reporting cases. Return completed form to the [Budget & Risk Management Office](#), Extended Zip 0004.

**I. Personal Information of Involved Person**

Full Name: _____	Affiliation:	Student	Visitor
Address: _____			
Phone Number: _____	Email: _____		

**II. Details of Accident**

Date of Accident: _____	Time of Accident: _____	
Location where accident occurred. If incident occurred during class, include Class Identification and Name of Instructor: _____		
Briefly describe accident (use reverse if more space is needed): _____ _____		
Nature and extent of injuries: _____		
Did injuries require medical care?	Yes (provide location and treating physician's name) _____	No
Physician's Name, Facility, and Location: _____		
Were there witnesses?	Yes (provide names and contact information) _____	No
1. Name: _____	Phone: _____	
Address: _____		
2. Name: _____	Phone: _____	
Address: _____		
Was any personal property damaged?	Yes (provide description and value of the property) _____	No
1. Property: _____	Value: _____	
2. Property: _____	Value: _____	

Signature of Involved Person: _____	Date: _____
Case Number (if UPD investigated): _____	