

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.A**

Accident/Incident Report Form

Date of Accident/Incident:

Date: _____ Day of Week: _____ Time: _____ AM or PM

Location of Accident/Incident:

Campus: _____ Building: _____ Room: _____ Other: _____

Event Type:

- | | | | | |
|-----------------------------------|---|----------------------------------|---|--|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Aggravated Assault | <input type="checkbox"/> Robbery | <input type="checkbox"/> Sexual Offense (<input type="checkbox"/> Forcible | <input type="checkbox"/> Non-forcible) |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Hate Crime | <input type="checkbox"/> Injury | <input type="checkbox"/> Drug Law | (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral) |
| <input type="checkbox"/> Incident | <input type="checkbox"/> Negligent Manslaughter | | <input type="checkbox"/> Liquor Law | (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral) |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Motor Vehicle Theft | | <input type="checkbox"/> Weapons | (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral) |

Narrative (attach additional sheets if necessary):

Victim Information (attach additional if necessary):

Name: _____ College ID Number: _____

Home Address: _____

Phone Number: _____ E-mail: _____

Age: _____ Person Injured: Student Visitor Faculty Staff Other _____

Extent of Injuries: _____

Treated by Physician: Yes No Name and Address of Physician: _____

Hospitalized: Yes No Name of Hospital: _____

Person in Potential Violation (attach additional sheets if necessary):

Name: _____ College ID Number: _____

Home Address: _____

Phone Number: _____ Email: _____

Additional Information:

Emergency Personnel Called? Yes No If yes, who? _____

Police Report #: _____ (Attach a copy to this report) Arrest Made: Yes No

Date of Report: _____ Signature: _____

Print Name: _____ Title: _____