



12345 El Monte Rd.  
Los Altos Hills, CA 94022  
Foothill College  
De Anza College

### Non-Employee Injury Incident Report

(Do not use this form for Employees)

Non-employee injury incidents involving Students\*, Visitors, or Vendors/Contractors, should be reported using this form. In the event of a life-threatening emergency, call 911 immediately.

Injured Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Classification:  Student  Visitor  Volunteer  Vendor

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Location:  De Anza  Foothill  Sunnyvale Center  District Office

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Other Location (Describe): \_\_\_\_\_

Was a District employee present at the time of the incident?  Yes  No

If Yes, Name: \_\_\_\_\_ Title: \_\_\_\_\_

Witnesses:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witness Classification:  Employee  Student  Visitor  Volunteer  Vendor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witness Classification:  Employee  Student  Visitor  Volunteer  Vendor

Describe what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured part of the body: (i.e. back of head, right arm, left knee, etc.)

\_\_\_\_\_

Was first aid administered?  Yes  No

The Injured Party (Check all that apply):

Refused aid or assistance  Went to Health Services  Went to Doctor

Went to Hospital/Urgent Care Name of Facility: \_\_\_\_\_

\_\_\_ Was transported by Ambulance      Name of Ambulance Company: \_\_\_\_\_

\_\_\_ Went to class      \_\_\_ Went home      \_\_\_ Other (Describe): \_\_\_\_\_

\_\_\_ Released to: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List District employee(s) who were notified:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Report completed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email this completed form to [Risk@fhda.edu](mailto:Risk@fhda.edu) within 24 hours of the incident with copy to your direct Supervisor and area Administrator. For injuries involving students, inform the student that Student Accident insurance through Mutual of Omaha is available to them as secondary coverage to their primary health insurance. Student Accident Insurance Claim forms are available at this link: [FHDA Student Accident Claim Form](#).

\*Student athletes who are injured during sports activities should follow the protocols established by the College Athletics Department.