



SUPERVISOR'S ACCIDENT/INVESTIGATION REPORT
Butte-Glenn Community College

This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this accident.

Personal/Position Information

Name of Injured Employee
Date of Birth / / Social Security No. - - Phone () -
Department Job Title Sex M F
Date of Accident Hour Photos Yes No Date Reported Hour
Accident Location

Witnesses (If more space needed, use back of sheet.)

Name Phone
() -
() -
() -

Field Investigation

Exact Location of accident.

Completely describe location of accident – including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.

[Blank lines for describing accident location]

Describe injuries/illnesses, which you observed or which were described to you.

[Blank lines for describing injuries/illnesses]

Describe demeanor of person involved and include statements made as "Excited Utterances."

[Blank lines for describing demeanor and statements]

Please return to HR (530) 879-4049

