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Campus Safety & Contact Info

Other Security Assistance and Information

Incident/Accident Reporting Form

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This form is to be used to report incidents, accidents or illnesses requiring medical aid observed on campus at, or related to Cerro Coso Community College. If this report is regarding an emergency or other life threatening situation, call 911. If this is a report of non-emergency criminal activity, please call local law enforcement as well as filing a report on this page.

Examples of reportable incidents include (but not limited to) threats, violations of student conduct policies, near miss accidents, hazardous conditions, criminal activity, etc.

Examples of reportable accidents include slip or trip and falls, traffic collisions, other injury or property damage producing situations, etc.

Examples of reportable illness include illness that require emergency medical attention or first aid.

Please remember that you may remain anonymous, however, we may have additional questions for you in order to adequately investigate your concern. Please fill out this form as completely as possible.

Reporting Party Contact Information

Name

Address

City

State

Zip

Phone Number

Email Address

I am a
student
faculty, staff, or employee
guest

Are you 18 or over?
Yes
No

Incident/Accident Information

Date of Incident/Accident
Year Month Day

Time of Incident/Accident

Campus where Incident/Accident Occurred

- Ridgecrest/IWV campus
Kern River Valley campus
East Kern Tehachapi campus
ESCC Bishop campus
ESCC Mammoth Lakes campus
East Kern California City
East Kern Mojave
East Kern Edwards AFB campus

Specific Location of Incident/Accident

Room number, gym parking lot, main parking lot, hallway in the east wing, apartment address, etc.

Text area for specific location details

If any involved parties are KCCD employees (including student workers), please state who

Text area for involved parties

Description of Incident/Accident

Describe how the Incident/Accident Happened

Text area for description of incident

Additional Evidence, Photos or Documents

Briefly describe additional evidence, photos or documents, if any. Then email or deliver them to: Safety/Security, Cerro Coso Community College, 3000 College Heights Blvd., Ridgecrest, CA 93555, cc_safety@cerrocoso.edu.

Text area for additional evidence

Witness 1 Contact Information

Name

Address

City

State

Zip

Phone Number

Email Address

Witness 2 Contact Information

Name

Address

City

State

Zip

Phone Number

Email Address

Witness 3 Contact Information

Name

Address

City

State

Zip

Phone Number

Email Address

Other Responsible Party Contact Information (If Known or Applicable)

If another person was responsible for incident/accident, please provide information for this other responsible party.

Name

Address

City

State

Zip

Phone Number

Description of Other Responsible Party

Please include height, weight, etc.

Text area for description of other responsible party

Additional Responsible Parties

Please list any additional responsible parties here.

Text area for additional responsible parties

Injuries

Did Physical Injury or Illness Occur?

Yes
No

To whom?

Text area for to whom

Describe Injuries/illness

Text area for describe injuries/illness

Have you injured this part of the body before?

Yes
No

Submit

Cerro Coso Community College
3000 College Heights Blvd.
Ridgecrest, CA 93555-9571

CAMPUSES & CENTERS
Ridgecrest/IWV Campus
Cerro Coso Community College
3000 College Heights Blvd.
Ridgecrest, CA 93555-9571

Phone: (760) 384-6100
Fax: (760) 384-6270

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