

**LUZERNE COUNTY COMMUNITY COLLEGE**

Public Safety Training Institute

Nanticoke, PA 18634

**STUDENT ACCIDENT REPORT**

IF ACCIDENT OR ILLNESS REQUIRES HOSPITAL TREATMENT OR RESULTS IN A FATALITY THE PUBLIC SAFETY TRAINING INSTITUTE DIRECTOR& SECURITY SHOULD BE CONTACTED IMMEDIATELY AT (570) 740-0481 OR EXT. 7481, (570) 436-0577/ SECURITY AT EXT. 7304

Date of Accident/Illness \_\_\_\_\_ Time of Accident \_\_\_\_\_  
Date Reported \_\_\_\_\_ Time Reported \_\_\_\_\_  
Location Accident Occurred \_\_\_\_\_ County \_\_\_\_\_  
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Sex \_\_\_\_\_  
Organization \_\_\_\_\_ Chief \_\_\_\_\_ Phone No. \_\_\_\_\_  
Nature of Injury/Illness \_\_\_\_\_

Care Provided:  None Required  First Aid on Scene  Treatment by Physician  Refused Treatment  
 Transported to Medical Facility Name of Medical Facility \_\_\_\_\_  
Unit Transporting to Medical Facility \_\_\_\_\_  BLS  ALS  
Severity:  Fatality  Disabling  Non-disabling  Unknown (follow up required)

Cause:  Burns  Fall  Struck by Object  Lifting  Sharp Object  Apparatus  Equipment  
 Other (Explain): \_\_\_\_\_  
Unsafe Condition:  Yes  No Unsafe Act:  Yes  No  
Explain: \_\_\_\_\_  
 Illness (Explain): \_\_\_\_\_

Brief Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation for Prevention of Recurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature

Date

Instructor's Signature

Date