

# West Virginia Northern Community College

## INCIDENT REPORTING FORM

Submit completed form to the Human Resources Office immediately.

1704 Market Street, Room 125

Wheeling, WV 26003

Phone: (304) 214-8901

Fascimile: (304) 232-4651

Injured Person's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Injured's Home Phone # \_\_\_\_\_ Injured's Work Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Injured's Home Address (*Street, City, State and Zip Code*) \_\_\_\_\_

Male  Student  Employee  Other, Please describe: \_\_\_\_\_

Female \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  a.m.  p.m. Campus location  Wheeling

Wheeling

Weirton

New Martinsville

Physical property location where the incident occurred: \_\_\_\_\_

Name(s) of WVNCC employee notified of incident: \_\_\_\_\_

Description of incident:

Description of injuries:

Was anyone else involved?  No  Yes. If so, please provide name: \_\_\_\_\_

Were there any witnesses?  No  Yes. If so, please provide information below:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Were the police, fire department, EMS called?  No

Yes, provide name(s) of professional respondent(s): \_\_\_\_\_

Name of individual completing report: \_\_\_\_\_

Signature of individual completing report: \_\_\_\_\_ Date \_\_\_\_\_