



**Bucks County Community College**  
Department of Public Safety Training and Certification

1760 South Easton Road  
Doylestown, PA 18901  
Ph: 215.340.8417  
Fax: 215.343.6794  
[www.bucks.edu/publicsafety](http://www.bucks.edu/publicsafety)

FSC# \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Street Address of Incident: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ County: \_\_\_\_\_  
 Type of Incident:     Student Injury     Property Damage     Instructor Injury  
                                   Other \_\_\_\_\_

Name of Injured or Equipment Type: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:    M    F  
 Organization: \_\_\_\_\_ Chief: \_\_\_\_\_

Nature of Injury/Illness/Damage: \_\_\_\_\_  
 \_\_\_\_\_  
 Indicate Location of Injury or Damage: \_\_\_\_\_  
 \_\_\_\_\_  
 Severity:  Disabling     Non-Disabling     Fatality     Unknown (Requires Follow-up)  
 Level of Care:  Treated at Scene     Transported to Medical Facility     Refused Treatment  
                                   None Required  
 Name or Agency Providing Treatment/Transport: \_\_\_\_\_  
 Name of Medical Facility: \_\_\_\_\_

Instructor Recommendation for Prevention of Recurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 Injured Party Recommendation for Prevention of Recurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 Cause:  Fall     Struck By Object     Lifting     Sharp Object     Thermal/Burns     Action  
                                   Other \_\_\_\_\_  
 Unsafe Act:  Yes     No \_\_\_\_\_  
 Unsafe Condition:  Yes     No \_\_\_\_\_  
 Sketch Attached:  Yes     No                      Photos Attached:  Yes     No

In the Event Of Serious Injury or Death Notify PEMA Duty Officer Immediately **1-800-424-7362**



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Narrative:

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

Witness Information:

|                |                |
|----------------|----------------|
| Name: _____    | Name: _____    |
| Address: _____ | Address: _____ |
| _____          | _____          |
| Phone: _____   | Phone: _____   |

Lead Instructor: \_\_\_\_\_

Additional Instructors: \_\_\_\_\_

Course Name: \_\_\_\_\_ ETA: \_\_\_\_\_

Additional Notifications:

- ETA Representative \_\_\_\_\_  PSFA Representative \_\_\_\_\_  
 PEMA Duty Officer \_\_\_\_\_  Other \_\_\_\_\_  
 State Police     Coroner     Chief or Company Officer

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Injured Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Provided To:     PSFA     Chief     Injured Party     ETA \_\_\_\_\_

*Last Revised: October 2010*