

Central New Mexico Community College
Risk Management
525 Buena Vista Dr. SE
Albuquerque NM 87106
(505) 224-3449
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CNM Student Incident Report

CONFIDENTIAL, THIS REPORT IS NOT TO BE RELEASED TO PARENT AND/OR STUDENTS

The school employee either witnessing the accident or supervising at the time
should complete and submit this form within 24 hours.

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

1. CNM Campus _____
2. School _____ Address _____
3. Student's Name _____ DOB _____ Class _____
4. Student's Address _____ Telephone Number _____
5. Where did accident occur? _____ Date _____ Time _____
6. Describe how accident occurred:

7. Who was the person in charge at the time of the accident? _____
Was he present at the time? Yes No Did the injured violate any schools rule? Yes No

8. Witnesses: _____ Witnesses: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

9. Apparent Nature of Injury:
- | | | | | | | |
|------------------------------------|-------------------------------------|--|-------------------------------|---------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Fracture | <input type="checkbox"/> Strain/Sprain | <input type="checkbox"/> Head | <input type="checkbox"/> Finger | <input type="checkbox"/> Arm | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Cut | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Neck | <input type="checkbox"/> Eye | <input type="checkbox"/> Leg | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Internal | <input type="checkbox"/> Concussion | | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Face | <input type="checkbox"/> Foot |
10. Injured Part of Body: Indicate R/L

11. First aid procedures used _____ By whom _____

12. Disposition of injured after accident- Class Home Doctor Hospital

13. Who was notified? _____ Relationship to injured student? _____

14. If injured student left school, to whom released? _____

15. Name of anyone contacting school _____

16. Student accident benefits available? Name of company _____

17. Remarks _____

18. Report completed by _____ Approved by _____ Date _____