

HORRY-GEORGETOWN TECHNICAL COLLEGE

ACCIDENT/INCIDENT REPORT

(Please submit to the appropriate departmental office immediately)

CAMPUS: Conway Grand Strand Georgetown

Name of Person Involved in Accident/Incident: _____

S.S./H Number: _____

Address: _____

Phone Number(s): _____

Date of Accident/Incident Occurred: _____ Time: _____

Nature of Accident/Incident:

(1) Injury

(2) Property Damage

(3) Fire/Arson

(4) Theft/Robbery/Motor Vehicle Theft/Burglary

(5) Hate/Prejudice Crime

(6) Crimes (such as drug or liquor law violations, assaults, or weapons possession)

(7) Other:

CHECK ONE

Faculty

Staff

Student

Visitor

Explain Accident/Incident: _____

What Action Has Been Taken?: _____

Reporting Person's Signature: _____

College Representative: _____

Date of Report: _____ Time: _____