

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375**

SUBJECT: Reports of Accidents/Incidents

REFERENCE: Clery Act (20 USC § 1092(f))

ORIGINATION: January 28, 1991

EFFECTIVE: March 16, 2016

REVIEWED: ~~November 4, 2015~~ June 4, 2020

SECTION 1. PURPOSE

- 1.1 To establish a system for reporting all accidents /incidents occurring on any college campus or off-campus location of Southern West Virginia Community and Technical College.

SECTION 2. SCOPE AND APPLICABILITY

- 2.1 This policy applies to all operational units of Southern West Virginia Community and Technical College.

SECTION 3. DEFINITIONS

- 3.1 An Accident is defined as any unforeseen, unplanned event, or circumstance resulting in personal injury and /or property damage.
- 3.2 An Incident is defined as any direct or indirect action taken by an individual or group that results in a violation of a law or college policy.

SECTION 4. POLICY

- 4.1 Security and safety at Southern West Virginia Community and Technical College are everyone's responsibility. Security and safety measures will be monitored to ensure that all employees and visitors are in a safe environment. College management will update/upgrade processes as required to ensure maximum protection within available resources.

SECTION 5. BACKGROUND OR EXCLUSIONS

- 5.1 The Administration of Southern West Virginia Community and Technical College is aware of the need for, and continually strives to provide, a safe and secure environment for its employees, students, and property. This requires the cooperation of all employees in accurately reporting all accidents/incidents. The timeliness of reporting this information is essential to meaningful investigations and maximum recovery of lost or stolen property.
- 5.2 To better assess the status of security and assignment of personnel to achieve maximum security on each location, a report of all accidents /incidents will be made monthly by the Director of Campus Operations with the original report going to the ~~Vice President for Finance and Administration~~ Director of Facilities and Campus Operations.

SECTION 6. GENERAL PROVISIONS

6.1 None.

SECTION 7. RESPONSIBILITIES

- 7.1 Any employee or operating unit of the College involved in or witnessing an accident/incident at any Southern location will immediately contact and provide all pertinent information to the Director of Campus Operations and/or ~~Vice President for Finance and Administration~~ Director of Facilities and Campus Operations.
- 7.2 The Director of Campus Operations or the appropriate employee will investigate and make required reports on the reported accident/incident.
- 7.3 The Director of Campus Operations will prepare and submit daily to the ~~Vice President for Finance and Administration~~ Director of Facilities and Campus Operations, and/or the Title IX Coordinator, and/or the Clery Coordinator, and/or Human Resources Administrator, as appropriate, Clery/Safety report (Form 1375.A) or a report of any accidents/incidents (Form 1375.A B) as appropriate. For any major accidents/incidents, the Director of Campus Operations will notify the President.
- 7.4 By the 15th of each month, the Director of Campus Operations will prepare and submit to the ~~Vice President for Finance and Administration~~ Director of Facilities and Campus Operations, a *Monthly Report of Accidents/Incidents* (Form SCP-1375.B C), covering all accidents/incidents occurring on campus during the prior month.
- 7.5 The ~~Vice President for Finance and Administration~~ Director of Facilities and Campus Operations will utilize the Monthly Reports of Accidents/Incidents to:
- 7.5.1 Advise the President.
 - 7.5.2 Make recommendations for assignment to high risk areas.
 - 7.5.3 Develop and implement security techniques to avoid potential problems.
 - 7.5.4 Prepare security statistics for Southern West Virginia Community and Technical College for the U.S. Department of Education.

SECTION 8. CANCELLATION

8.1 None.

SECTION 9. REVIEW STATEMENT

- 9.1 This policy shall be reviewed on a regular basis with a time frame for review to be determined by the President or the President's designee. Upon such review, the President or President's designee may recommend to the Board that the policy be amended or repealed.

SECTION 10. SIGNATURES

Board of Governors Chair

Date

President

Date

- Attachments:** SCP-1375.A, Accident/Incident Report Form Clery/Safety Report Form
SCP-1375.B, Monthly Report of Accidents/Incidents Accident/Incident Report Form
SCP-1375.C, Monthly Report of Accidents/Incidents
- Distribution:** Board of Governors (12 members)
www.southernwv.edu
- Revision Notes:** November 2008 - Revisions reflect changes in procedure requirements. Revisions provide clarity and reflect changes in management responsibilities. This policy was reformatted using the latest policy template.
- November 2015 - Revisions reflect changes in titles and management responsibilities. Form 1375.A, *Accident/Incident Report Form*, was revised to comply with Clery Act requirements.
- June 2020 - Revisions were made to the forms and the forms were renumbered. The Clery Report form was added as attachment SCP-1375 A. This addition changed the Accident/Incident Report Form to SCP-1375.B and moved the Monthly Report of Accidents/Incidents to SCP-1375.C.
- July 2020 - Revisions were made to reflect changes in titles and management responsibilities due to reorganization.

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.A**

Accident/Incident Report Form

Date of Accident/Incident/Complaint

Date: _____ Day of Week: _____ Time: _____ AM or PM

Location of Accident/Incident/Complaint

Campus: _____ Building: _____ Room: _____ Other: _____

Event Type:

Criminal Offenses:

Murder _____ Non-negligent Manslaughter _____ Robbery _____
 Aggravated Assault _____ Burglary _____ Motor Vehicle Theft _____
 Arson _____

Sex Offenses: _____ Forcible _____ Non-forcible _____
_____ Forcible Sodomy _____ Incest _____
_____ Sexual Assault With an Object _____ Statutory Rape _____
_____ Forcible Fondling _____

Other: _____

Narrative (attach additional sheets if necessary)

Victim/Compliant Information

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Student Visitor Faculty Staff Other: _____

Respondent/Person in Potential Violation

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Student Visitor Faculty Staff Other

Additional Information

Emergency Personnel Called? Yes No _____ If yes, who? _____

Treated by Physician? Yes No _____ If yes, name of Physician: _____

Police Report #: _____ Arrest Made: Yes No

Date of Report _____ Print Name: _____

Signature: _____ Title: _____

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.A**

Accident/Incident Clery/Safety Report Form

Date of Accident/Incident/Complaint

Date: _____ Day of Week: _____ Time: _____ AM or PM

Location of Accident/Incident/Complaint

Campus: _____ Building: _____ Room: _____ Other: _____

Event Type:

Criminal Offenses:

Murder Non-negligent Manslaughter Robbery
 Aggravated Assault Burglary Motor Vehicle Theft
 Arson

Sex Offenses:

<u>Forcible</u>	<u>Non-forcible</u>
<input type="checkbox"/> Forcible Sodomy	<input type="checkbox"/> Incest
<input type="checkbox"/> Sexual Assault With an Object	<input type="checkbox"/> Statutory Rape
<input type="checkbox"/> Forcible Fondling	

Other: _____

Narrative (attach additional sheets if necessary)

Victim/Compliant Information

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Student Visitor Faculty Staff Other: _____

Respondent/Person in Potential Violation

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Student Visitor Faculty Staff Other

Additional Information

Emergency Personnel Called? Yes No If yes, who? _____
Transported to Medical Facility? Yes No If yes, By Whom: _____
Did they refuse treatment? Yes No
Police Report #: _____ Arrest Made: Yes No
Date of Report _____ Print Name: _____
Signature: _____ Title: _____

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.A-B**

Accident/Incident Report Form

Date of Accident/Incident/Complaint

Date: _____ Day of Week: _____ Time: _____ AM or PM

Location of Accident/Incident/Complaint

Campus: _____ Building: _____ Room: _____ Other: _____
Interior / Exterior Hallway/Sidewalk/Parking Lot

Event Type: ___ Accident ___ Incident ___ Health Issue ___ Other

Other: (explain) _____

Narrative: _____

(attach additional sheets if necessary)

Victim/Complaint

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ ___ Student ___ Visitor ___ Faculty ___ Staff ___ Other: _____

Respondent/Defendant

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ ___ Student ___ Visitor ___ Faculty ___ Staff ___ Other

Additional Information

Emergency Personnel Called? ___ Yes ___ No If yes, who? _____

Transported to Medical Facility? ___ Yes ___ No If yes, by whom?: _____

Did they refuse treatment? ___ Yes ___ No

Report completed by:

Signature: _____ Print Name: _____
Date of Report: _____ Title: _____

Note: Employees injured on job contact Encova within 24 hours at (304) 941-1000

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
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SCP-1375.B-C**

Monthly Report of Accidents/Incidents

Campus: _____ **Report for Month Ending:** _____ **Submitted:** _____ **Date:** _____

Event Type	Number between 7AM - 3 PM	Number between 3 PM - 11 PM	Number between 11 PM - 7 AM	Total Incidents
Accidents (Requires Form RMI-2)				
Murder				
Aggravated Assault				
Sexual Offense (<input type="checkbox"/> Forcible <input type="checkbox"/> Non-Forcible)				
Robbery				
Negligent Manslaughter				
Burglary				
Motor Vehicle Theft				
Hate Crime				
Drug Law (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral)				
Liquor Law (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral)				
Weapons Possession (<input type="checkbox"/> Arrest <input type="checkbox"/> Referral)				
Injury				
Incident				
Other: _____				
Grand Total				

Estimated value of Destroyed Property
 Personal Property \$ _____
 State Property \$ _____
 Total \$ _____

Area with HIGHEST Incident Rate

Original: ~~Vice President for Finance and Administration~~ Director of Facilities and Campus Operations