## Accident Report

**Name:** ___________________________  **Date:** ______________  **Time:** ______________

**Student ID:** ___________________________  **M**  **F**  **Student**  **Staff**  **Other**  **E-Mail:** ___________________________

**Address:** ___________________________  **Phone:** ___________________________

### Location

<table>
<thead>
<tr>
<th>Indoor Facilities</th>
<th>Outdoor Facilities</th>
<th>Off Campus</th>
<th>Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamel Rec Ctr:</td>
<td>Whitt Ice Arena:</td>
<td>Field House/ Fields</td>
<td>Bremner Field</td>
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<tr>
<td>Boulder Wall</td>
<td>Concourse</td>
<td>Indoor/Outdoor Pool</td>
<td>Memorial Fields</td>
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<tr>
<td>Class Room</td>
<td>Lobby</td>
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<tr>
<td>Fitness Rm/Studio</td>
<td>Stands</td>
<td></td>
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<tr>
<td>MAC / Court</td>
<td>Rink/lockers</td>
<td></td>
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<tr>
<td>Locker Rm</td>
<td>F</td>
<td>M</td>
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<tr>
<td>Other</td>
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</table>

### Program Area

- Aquatics
- Group X
- Informal Recreation
- Intramural Sports
- Outdoor Adventure
- Sport Club
- Youth Program
- Rental Group/spectator

### Nature of Injury/Illness assessed:

*(To the extent known)*

- Abrasion/Contusion
- Bleeding/Laceration
- Cold related Illness
- Heat Relate Illness
- Dislocation / Fracture
- Fainting / dizziness
- Cardiac related
- Swelling / Bruising
- Shock
- Sprain/Strain
- Other: ______________

### Part of Body:

*(Check all that apply)*

- Generalized
- Head
- Eye
- Ear
- Nose
- Mouth
- Neck
- Chest
- Lungs
- Abdomen
- Back
- Shoulder
- Hip
- Thigh
- Knee
- Lower Leg
- Ankle
- Foot
- Other: ______________

### How did injury occur:

- Collision with obstacle
- Collision with participant
- Collision with playing surface
- Equipment related
- Non-contact
- Unknown
- Other: ______________

### Witness

1. ___________________________  **Student ID # / Phone #** ___________________________

2. ___________________________

### Answer the questions below:

**Did you call 911?** Yes  No  **Time Called:** ______________

**Care provided by EMS?** Yes  No  **Time Arrived:** ______________

**Was the individual transported by EMS?** Yes  No  **Time EMS Departed:** ______________

*Form updated August 2015*
Details of Accident:

Immediate Action Taken:

Report prepared by: ______________________ Date: ______

(print name) (Signature)

Professional Staff Use Only below

Program Area Professional Reviewed Report: 

Professional Staff Print Name: ______________________ Signature: ______________________ Date: _____

ATC / Pro Staff Follow up notes: ______________________

ATC / Pro Staff Print Name: ______________________ Signature: ______________________ Date: _____
## Incident Report

### Participant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Student ID #</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Student</th>
<th>Staff</th>
<th>Other</th>
<th>Male</th>
<th>Female</th>
<th>Email</th>
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<th>Date</th>
<th>Day</th>
<th>Location</th>
<th>Time</th>
<th>AM</th>
<th>PM (circle one)</th>
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<tr>
<th>Location</th>
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<th>Activity</th>
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### Nature of Incident

- Fire Alarm
- Dunking
- Damaged Equipment
- Fight (physical contact)
- I.D. Violation
- Lost Equipment
- Blood Exposure
- Rules Violation
- Lost Jerse
- Other

### Details of Incident

Fully describe events, actions, and conditions - be complete and specific. Use other side if necessary.

#### Immediate Actions Taken:

- 
- 
- 

### Witness Information

<table>
<thead>
<tr>
<th>Witness</th>
<th>Student ID #</th>
<th>Witness</th>
<th>Student ID #</th>
<th>Person Completing Report</th>
<th>Student ID #</th>
<th>Date</th>
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Revised 8/8/18