Accident Report Form

Date: _______________  Time of Injury: ________ am/pm  Time Notified: ________ am/pm

Victim’s Name: ___________________________ ID# __________  □ Male  □ Female  Age: ______  DOB: ________

Address: __________________________________ Phone: __________

Classification: □ Student  □ Faculty  □ Staff  □ Public: __________

Program Area: □ Open Rec  □ Aquatics  □ COA  □ Fitness  □ Intramurals  □ Sport Clubs  □ Youth  □ Special Event

Activity: ______________________________________

Brief Description of Accident: ____________________________________________________________

________________________________________________________

Body Fluid Spill: □ YES- See back side  □ No  911 Called: □ YES- See back side  □ No

Action Taken by DRS Employee: _______________________________________________________

Witness Name: ___________________________ First Aid By: __________  Witness Phone: __________

Witness Address: ___________________________ Method of Transportation: __________

Transported By: ______________________________________

**Location of Accident**

□ URC North Gymnasium  □ Cooke 325  □ Cooke 308
□ URC South Gymnasium  □ Cooke 10
□ URC Upper Fitness Center  □ Cooke 15
□ URC Lower Fitness Center  □ SPG Pool
□ URC North Courts  □ GC Driving Range
□ URC South Courts  □ Golf Course Hole # __________
□ URC Other: __________  □ Aquatic Other: __________

**Possible Nature of Injury**

□ Bruise  □ Abdomen  □ L Hand  □ R Hand  □ Foot
□ Discoloration  □ Back  □ L Wrist  □ R Wrist  □ Ankle
□ Trouble Breathing  □ Face  □ L Forearm  □ R Forearm  □ Shin
□ Fracture  □ Head  □ L Elbow  □ R Elbow  □ Knee
□ Cut/Scrape  □ Neck  □ Upper Arm  □ Finger
□ Sprain  □ Thorax  □ Shoulder  □ Ribs
□ Strain  □ Thorax  □ Ribs  □ Quads
□ Nose Bleed  □ Chest  □ Groin  □ Other:
□ Loss of Consciousness  □ Finger  □ Groin  □ Other:
□ Other: __________

Place an “X” on Injured Area

Front  Back

Release Signature: Refusing Attention - I have been advised that I may have a medical condition(s) which may require an examination by a doctor and I refuse such medical care and /or advice as has been recommended by the Department of Recreational Sports personnel -OR- I do not believe a medical emergency exists and I require no further assistance.

Signature: _______________________________________ Date: __________  Time: __________

Completed By: Name: ___________________________ Phone: ___________________________

Address: __________________________________________

Do You Recommend Follow-up?  □ Yes  □ No

Revision - 2011
BODY FLUID SPILL CHECKLIST
If the accident involved a body fluid spill, do the following:

- Wear gloves while handling any bodily fluid spills!
- Use a microshield when administering CPR.
- Clean up the area using an alcohol/water solution.
- Dispose of the contaminated supplies (gauze, gloves, paper towel, etc.) using the biohazard bags in the appropriate container.
- Thoroughly wash hands after the incident.
- If you believe you were exposed to body fluids during this situation, contact your supervisor immediately!