



Accident Report

Date of Accident: _____ Time of Accident: _____ AM ____ PM ____

Victim Information

Name: _____ Age: _____ Gender: Male ____ Female ____

Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Victim is: Student ____ Faculty/Staff ____ Community Member ____ Other _____

Family/Emergency Contact (name and phone number): _____

If the victim is a minor, were the minor's parents contacted (if not present)? YES NO NA

Program Participating in: _____ Program Supervisor/Instructor: _____

Accident Information

Location of the Accident (be specific):

Brief description of the Accident:

If physical injury occurred, describe the body parts affected:

Witnesses to Accident:

Name: _____ Phone: _____

E-Mail: _____

Name: _____ Phone: _____

E-Mail: _____

If Care Provided:

Name of person(s) and title who provided care:

Describe in detail the care provided:

Were emergency medical (EMS) personnel called? YES ___ NO ___
Was the victim transported to an emergency facility? YES ___ NO ___
Did person return to activity? YES ___ NO ___
Were Police called/Responded to the incident? YES ___ NO ___

Refusal of Care:

If victim refused care, have them sign below acknowledging that they refused care from a Campus Recreation staff member:



Date: _____

Report Prepared By:

Name: _____ Position: _____

Signature:  Date: _____

For Athletic Trainers' Use Only

Objective Findings:
Assessment:
Plan: