



-UNIVERSITY of NORTH TEXAS-
RECREATIONAL SPORTS
Accident Report Form



Date: _____ Time: _____

Name of Injured Individual:	Student ID#:
Address:	Phone #:

Specify Activity in which injury occurred:

Program: IM IR SC FIT OPC CW AQ Other _____

<p>Part of Body Injured (Circle One: left/right)</p> <p> <input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Ear <input type="checkbox"/> Elbow <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Mouth <input type="checkbox"/> Nose <input type="checkbox"/> Scalp <input type="checkbox"/> Shoulder <input type="checkbox"/> Tooth <input type="checkbox"/> Thigh <input type="checkbox"/> Wrist </p> <p>Other: _____</p>	<p>Cause of Accident:</p> <p> <input type="checkbox"/> Fall <input type="checkbox"/> Striking <input type="checkbox"/> Caught in, on <input type="checkbox"/> Other: _____ </p>
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Location where injury occurred:

PEB RB Ct. Intramural Fields Tennis Cts SRC Gym Lap Pool
 Aerobics' Room Climbing Wall Out. Pursuits Cen. Leisure Pool Outdoor Area (BK/VB)
 Weight Room Indoor Soccer Gym Rec Sports Complex Other: _____

Further description of the extent of the injury and explanation of circumstances:

<p>Type of Aid Administered:</p> <p>Administered By: _____</p> <p>Supplies Used: _____</p>	<p>Referred To:</p> <p> <input type="checkbox"/> Health Center <input type="checkbox"/> Hospital <input type="checkbox"/> EMS/Ambulance <input type="checkbox"/> Private Vehicle <input type="checkbox"/> University Police <input type="checkbox"/> Left on Own </p> <p>Other: _____</p>	<p>Transportation:</p> <p> <input type="checkbox"/> EMS/Ambulance <input type="checkbox"/> Private Vehicle <input type="checkbox"/> University Police <input type="checkbox"/> Left on Own </p>	<p>Participant:</p> <p> <input type="checkbox"/> Continued Play <input type="checkbox"/> Remained in Facility </p>
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Witness Name:	Witness Name:
Student ID #:	Student ID#
Address:	Address:
Phone#:	Phone#:

Report Filed By: _____ **Phone#:** 940-565-2275

Follow Up By:

Method of Follow-Up:

Phone Call

Letter

Personal Visit

Date:

Time:

Further Details: