



Accident Report Form

Date: _____

Time: _____ AM PM

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

Specify Activity in which injury occurred:

Program: IM IR SC FIT OPC CW AQ Other _____

Part of Body Injured (Circle One: left/right)

Abdomen Ankle Arm Back Chest Ear
 Elbow Eye Face Finger Foot Forearm
 Hand Head Hip Knee Leg Mouth
 Nose Scalp Shoulder Tooth Thigh Wrist

Other: _____

Cause of Accident:

Fall
 Striking
 Caught in, on
 Other: _____

Location where injury occurred:

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

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

Type of Aid Administered:

Administered By:

Supplies Used:

Referred To:

Health Center
 Hospital

Other: _____

Transportation:

EMS/Ambulance
 Private Vehicle
 University Police
 Left on Own

Participant:

Continued Play
 Remained in Facility

Was EMS Called? Y/N

| | |
|----------------------|----------------------|
| 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: