



ACCIDENT REPORT

Individual filing report: _____
Date: _____ Time: _____ AM PM
Campus Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer(s) Name & Badge #: _____

Date of injury: _____ Time: _____ AM PM

Injured person: _____ UID#: _____ Phone: _____

Local address: _____ City: _____ State: _____ Zip: _____

Status: Student Faculty/Staff Daily Guest Other: _____

Date of birth: _____ Gender: _____

Program: Open Recreation Sport Club Intramural Sports Adventure Other: _____
 KNR Class # _____ Instructor: _____

Where did the injury occur? (Document specific area (room, court or field #on line next to facility)

- Challenge Course _____
- Student Fitness Center _____
- Gregory Street _____
- Rappel Tower _____
- McCormick Hall _____
- Horton Complex _____
- Redbird Adventure Ctr _____
- Other _____

Suspected injury:

- Breathing Bruise Burn Cardiac Emergency Cut/Scrape
- Fracture/Sprain Head Injury Near Drowning Sudden Illness
- Other (please explain) _____

Location of injury (check all that apply)

Side of body injured: Right Left

- | | | | |
|-------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ear | <input type="checkbox"/> Hand/finger | <input type="checkbox"/> Mouth/Tooth |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Eye | <input type="checkbox"/> Head | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Arm/Elbow | <input type="checkbox"/> Face | <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Back/Neck | <input type="checkbox"/> Foot/Toes | <input type="checkbox"/> Leg/Knee | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Chest/Ribs | <input type="checkbox"/> Groin | <input type="checkbox"/> Other (please explain) _____ | |

Describe (in detail) the occurrence that caused the injury: _____

Did victim refuse first aid care by staff: Yes No

Victim's signature for refusal of care: _____

Refusal Witness Name: _____ Signature: _____ Phone: _____

Describe (in detail) all care given noting any individual giving care: _____

Action Taken:

Was EMS activated: Yes No **AED used:** Yes No

EMS activated by: Phone (911) Phone (8-8631) Emergency button

Was victim transported to an emergency facility or Student Health Services: Yes No

If yes, where: _____ **By whom:** _____

If the individual was not transported to an emergency facility, did they:

Return to activity Remain onsite without participating in activity

Leave site on own or with other individual (name of individual) _____

Was a professional staff member called: Yes No **Name:** _____

Witness Information:

Witness #1 Name: _____ **Phone:** _____

Local Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Status: Student Faculty/Staff Daily Guest Other: _____

Witness #1 signature: _____

Witness #2 Name: _____ **Phone:** _____

Local Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Status: Student Faculty/Staff Daily Guest Other: _____

Witness #2 signature: _____

Signature of injured person: _____

Signature of individual preparing the report: _____

Follow-up & Review of Injury

Injured person called by: _____ **Date & Time of follow-up:** _____

Treatment received after leaving facility/area: _____

Outcome: Medical/First Aid Treatment Individual lost consciousness Individual died

Other (please explain) _____

Reviewed by: (initials/date): Campus Rec _____ KNR _____ Other _____

Actions from review: _____

For office use:
Database record #: _____ Database entry date: _____ Entered by: _____