



Department of Recreation Services

Rec Services Office 651-2105 SRC North OC 651-2147
SRC South 651-2600 Department of Public Safety 651-2215

FOR OFFICE USE ONLY:

DATE: _____
TIME: _____
NAME: _____

ACCIDENT REPORT FORM

Personal Information

Name of Injured: _____ Redhawks ID#: _____
Address: _____ Phone #: () - _____
Circle One: Student Faculty Staff Guest Other _____

Accident Information

Date: ____ / ____ / ____ Time: ____ : ____ am / pm
Accident Location (Be specific, i.e. Ct. in SRC, Bertling 2 Flag Football) _____
Description How Participant Became Injured: _____

Circle Injured Area:

Left	Abdomen	Ear	Forearm	Leg	Tooth
	Ankle	Elbow	Hand	Lip	Thigh
or	Arm	Eye	Head	Mouth	Other _____
Right	Back	Face	Hip	Nose	
	Chest	Foot	Knee	Scalp	

Care Provided

Injured Refused Treatment? YES NO Signature: _____

First Aid Given: Check all that apply.

Gave Ice ____ Stopped Bleeding ____ Washed Wound ____ CPR ____ Kept Immobile ____
No First Aid Given ____ Victim Self Care ____ Recommended Ambulance ____ Other ____

Further Care: Check all that apply.

Went Home ____ Student Health ____ Hospital ____ Ambulance ____ Other ____

Witness: _____ Address: _____ Phone: () - _____

Form Completed By: _____ Phone: () - _____

Follow-Up

Contact Date: ____ / ____ / ____ Time: ____ : ____ p.m. Left Message _____
Status of Injury: _____