



ACCIDENT REPORT

CAMPUS RECREATION

Date of Report: _____ Date of Accident: _____ Time of Accident: _____

PERSONAL DATA

Name of Injured: _____ Social Security Number: _____

Local Address: _____

Local Phone: _____ Gender: Male / Female

Date of Birth: _____

Status of Injured: _____ Student _____ Faculty _____ Staff _____ SFC Member

_____ Guest _____ Other (Please Specify) _____

Emergency Relative (name & address) _____

DETAILS OF ACCIDENT

Building/Area of Accident

_____ Court 1 _____ Court 2 _____ Court 3 _____ Court 4 _____ Weight Room
_____ Cardio Room _____ Lobby _____ Rock Wall _____ Track _____ Aerobics Room
_____ IM Fields _____ Pool _____ Dance Studio _____ Locker Rm _____ VC Gym
_____ Other

Participating In:

_____ Intramural Sports _____ Club Sports _____ Special Event _____ Open Rec.
_____ Aerobics _____ Weightlifting _____ Cardio Machine Use _____ Rock Climbing
_____ Pool _____ Marina _____ Other

HOW DID INJURY OCCUR?

_____ Collision w/ Obstacle _____ Collision w/ Participant _____ Collision w/ Playing Surface
_____ Equipment Related _____ Non-Contact _____ Unknown
_____ Other

DESCRIBE MORE SPECIFICALLY!

PART OF THE BODY INJURED

Check if Applicable _____ Right _____ Left
_____ Ankle _____ Arm _____ Back _____ Ear _____ Face _____ Finger _____ Foot
_____ Groin _____ Hand _____ Hip _____ Knee _____ Leg _____ Mouth _____ Neck
_____ Nose _____ Shoulder _____ Toe _____ Torso _____ Wrist _____ Other (please specify)

Describe in detail the injury! (Do not diagnose or suggest what you think is wrong)

