

ACCIDENT REPORT

Date of Report:	Date of Accident:		Time of Accident:		
PERSONAL DATA Name of Injured:			Social Security Number:		
Local Address:					
Local Phone: Date of Birth:		Gender: Male /]	remaie		
Status of Injured:		cultyStaf her (Please Specify)	fSFC Member		
Emergency Relative (name	& address)				
DETAILS OF ACCIDEN Building/Area of Accident Court 1		ourt 3	Court 4Weight	Room	
Cardio Room			TrackAerobic		
	PoolD		Locker RmVC Gyr		
Participating In:Intramural SportsAerobicsPool HOW DID INJURY OCCCollision w/ Obstacle _Equipment Related DESCRIBE MORE SPECE	WeightliftingMarina CUR? eCollision w/ INon-ContactOther	Cardio Ma	rentOpen Rec. chine UseRock Climbit Other Collision w/ Playing SurfacUnknown		
PART OF THE BODY IN Check if ApplicableAnkleArmGroinHandNoseShoul Describe in detail the injury	RightBackHip derToe	_EarFac _KneeLes _TorsoWr	Mouth Neck	ζ	

IMMEDIATE ACTION TAKEN

Name of Staff Member	Position]	Phone
First Aid Rendered (Check All Tl	hat Apply)		
Applied Ice	Stopped Bleeding	Kept Immobile	Elevated
Wrapped Wound	Rescue Breathing	CPR _	None Rendered
Victim Slef Care	Other (Specify)		
Advised individual to seep	p medical attention		
Describe in Greater Detail!			
FURTHER CARE			
	Self/Friend to Hospital		eturned to activity
Ambulance to Hospital			emained at activity
Other (Specify)			
Witness	Phone:	Address:	
Witness: Witness:			
witness:	Phone:	Address:	
Refusal to Service (Injured Signa	ture)		_ Date:
	Report:		
This report must be filed with t	he appropriate staff member in	nmediately follo	owing the accident!