ETSU Department of Campus Recreation
ACCIDENT/ INCIDENT/ INJURY REPORT
**PRINT LEGIBLY & COMPLETE ALL SECTIONS OF THE FORM **

Person’s Information

<table>
<thead>
<tr>
<th>Name of Individual Involved</th>
<th>DOB</th>
<th>Sex</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETSU ID #</td>
<td></td>
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</tr>
</tbody>
</table>

 Classification
□ Student □ Faculty □ Staff □ Other:__________

Accident/ Incident/ Injury Information

<table>
<thead>
<tr>
<th>Date of Occurrence</th>
<th>Time of Occurrence</th>
<th>Facility Location (field, court, weight room, etc.):</th>
</tr>
</thead>
<tbody>
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</table>

 Type of Activity
□ Intramurals □ Outdoor Rec □ Informal Rec □ Other:_________________

 Specific Activity:

 Nature of accident or Injury/Body Part Injured:

 Description of Accident, Incident or Injury In Detail* (additional space is provided on back of form):

*Above summery is from (check one): □ Witness Name _____________ Witness Ph #:______
□ Staff Witness Name:_________________ □ Victim/Injured Person Involved
-Include additional or contradictory details from a different person on the back of form.

 Other person involved? □ Yes □ No □ If yes, name of individual:

 Action Taken

 First Aid: Given By:

 Other Action Taken (person transported to hospital, etc.) Given By:

 Public Safety called: □ Yes** □ No

**If yes, PS Response:

**Name of Public Safety Officer:

 Weather Conditions (if outside):

 Lighting Condition:

 Footwear of Injured person:

 Drugs or alcohol involved:

 Injured Person Refused Attention: □ Yes □ No

 Injured Person’s Signature:

**TURN OVER AND TO COMPLETE FORM**
Staff Information
Person Completing this Report: ___________________________ Phone #: ___________________________

Additional Space (if needed) to describe of Accident, Incident or Injury, or another person’s account of the Accident, Incident or Injury:

*Above summary is from (check one): □ Witness Name________________ Witness Ph #:_______
□ Staff Witness Name:__________________________ □ Victim/Injured Person Involved
-Include additional or contradictory details from a different person on the back of from.

Follow-up Information
Staff Member Conducting Follow-up: ___________________________ Date: ___________
Follow-up Comments: ___________________________