**ETSU Department of Campus Recreation**

**ACCIDENT/ INCIDENT/ INJURY REPORT**

**\*\* PRINT LEGIBLY & COMPLETE ALL SECTIONS OF THE FORM \*\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Person’s Information | | | | | | | |
| **Name of Individual Involved** | | | **DOB** | | **Sex**  **□ M □ F** | | **Phone #** |
| **ETSU ID #** | | | **Classification**  **□ Student □ Faculty □ Staff □ Other:\_\_\_\_\_\_\_\_\_\_** | | | | |
| Accident/ Incident/ Injury Information | | | | | | | | |
| **Date of Occurrence** | **Time of Occurrence**  **□ a.m. □ p.m.** | | | **Facility Location (field, court, weight room, etc.):** | | | | |
| **Type of Activity**  **□ Intramurals □ Outdoor Rec □ Informal Rec □ Other: \_\_entrance into CPA\_\_\_\_** | | | | | | | | |
| **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 from.** | | | | | | | | |
| **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 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 from.** |

|  |  |
| --- | --- |
| Follow-up Information | |
| **Staff Member Conducting Follow-up:** | **Date:** |
| **Follow-up Comments:** | |

**\*\* RETURN ALL COMPLETED REPORTS TO THE DIRECTOR’S MAILBOX \*\***