**ETSU Department of Campus Recreation**

**ACCIDENT/ INCIDENT/ INJURY REPORT**

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

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| 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\*\***

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| Staff Information |
| **Person Completing this Report:**  | **Phone #:**  |

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| **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.**  |

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

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