



# 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!

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### 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)

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