



Accident Report Form

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM PM

<b>Name of Injured Individual:</b>	<b>Student ID#:</b>
<b>Address:</b>	<b>Phone #:</b>

**Specify Activity in which injury occurred:**

**Program:** IM IR SC FIT OPC CW AQ Other \_\_\_\_\_

**Part of Body Injured (Circle One: left/right)**

Abdomen     Ankle     Arm     Back     Chest     Ear  
 Elbow     Eye     Face     Finger     Foot     Forearm  
 Hand     Head     Hip     Knee     Leg     Mouth  
 Nose     Scalp     Shoulder     Tooth     Thigh     Wrist

Other: \_\_\_\_\_

**Cause of Accident:**

Fall  
 Striking  
 Caught in, on  
 Other: \_\_\_\_\_

**Location where injury occurred:**

PEB RB Ct.     Intramural Fields     West Tennis Cts     PRC Gym     Lap Pool  
 Aerobics' Room     Climbing Wall     Out. Pursuits Cen.     Leisure Pool     Outdoor Area (BK/VB)  
 Weight Room     Indoor Soccer Gym     Rec Sports Complex     PEB Courts     Warranch  
 Traditions Flds     Eagle Point     Other: \_\_\_\_\_

**Further description of the extent of the injury and explanation of circumstances:**

**Type of Aid Administered:**

Administered By:

Supplies Used:

**Referred To:**

Health Center  
 Hospital

Other: \_\_\_\_\_

**Transportation:**

EMS/Ambulance  
 Private Vehicle  
 University Police  
 Left on Own

**Participant:**

Continued Play  
 Remained in Facility  
 Was EMS Called? Y/N

<b>Witness Name:</b>	<b>Witness Name:</b>
Student ID #:	Student ID#
Address:	Address:
Phone#:	Phone#:

<b>Report Filed By:</b> _____	<b>Phone#:</b> (940) 565-2275 _____
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Follow Up By:

Method of Follow-Up:  
 Phone Call       Letter       Personal Visit

Date:

Time:

Further Details: