

Accident Report

Sport Club: _____ Date: _____

Time of Incident: _____ Time of Report: _____

Contact Name: _____ Contact No.: _____

PERSONAL DATA

Gender: Male Female

Name: _____ University ID #: _____

Local Address: _____ Date of Birth: _____

Local Phone: _____ Status: Student Faculty/Staff Guest Other: _____

If under 18, name and phone number of parent/legal guardian: _____

BUILDING AREA OF INCIDENT

Building: PHAC IM Sports Complex DUC Smith Stadium Diddle Arena Other: _____

Location within building/area (court #, field #, room #, etc.) _____

PART OF BODY INJURED (check all that apply)

___ Left ___ Right ___ N/A

___ Ankle ___ Arm ___ Back ___ Ear ___ Elbow ___ Eye ___ Face ___ Finger ___ Foot

___ Groin ___ Hand ___ Head ___ Hip ___ Knee ___ Leg ___ Mouth ___ Neck ___ Nose

___ Shoulder ___ Toe ___ Torso ___ Wrist ___ Other: _____

Description of how injury occurred: (attach additional information if necessary)

IMMEDIATE ACTION TAKEN

First Aid Rendered: (check all that apply) Name of care giver: _____ Position: _____

___ Applied Ice ___ Stopped Bleeding ___ Immobilized ___ Elevated ___ Washed Wound

___ CPR ___ Rescue Breathing ___ Backboard ___ AED ___ Victim Self Care

___ None Rendered ___ Other: _____

Describe in greater detail: (attach additional information if necessary)

Further Care: (check all that apply)

___ Went home on own ___ Returned to activity ___ Friend took home ___ Self/Friend to Health Center

___ Ambulance to hospital ___ Self/Friend to Hospital ___ Left area no info.

I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. At this time, I am refusing further care from the Western Kentucky University, Department of Intramural-Recreational Sports.

Injured Signature: _____ Date _____

Signature of Parent/Legal Guardian (if victim is a minor): _____ Date _____

Signature of Individual completing report: _____ Date _____

