



ACCIDENT REPORT

Individual Filing Report:	_____
Date: _____	Time: _____ AM PM

Date of Injury: _____ Time of Injury: _____ AM PM
 Person Injured: _____ Campus ID #: _____
 Local Address: _____ Phone: _____
 Gender: M F Age: _____
 Affiliation: Student _____ F/S _____ F/S Spouse _____ Guest _____ Other _____

Activity

_____ Aquatics _____ Fitness _____ Open Rec _____ Sport Club
 _____ Discover Outdoors _____ IM Sports _____ Special Event _____

Describe (in detail) the occurrence that caused the injury: _____

Location Where Injury Occurred

_____ Challenge Course	_____ Gazebo Fld	_____ Group Exercise Room	_____ Rec Sports Fld # _____
_____ Climbing Wall	_____ Gazebo Softball Fld	_____ Hanover Gymnasium	_____ SRC Court # _____
_____ Fitness Center	_____ Gazebo Tennis Cts	_____ Pool _____	_____ SRC Locker Room
_____ Gazebo Basketball Cts	_____ Gazebo Volleyball Cts	_____ Pool Locker Room	_____ Trip _____
_____ Other (be specific) _____			

Suspected Type of Injury

_____ Burn	_____ Cut/Scrape	_____ Fracture/Sprain	_____ Poisoning
_____ Breathing	_____ Drowning	_____ Head Injury	_____ Sudden Illness
_____ Bruise	_____ Other (please explain) _____		
Did individual lose consciousness? _____ Yes _____ No			

Side of Body Injured

_____ Right _____ Left

Location of Injury

_____ Abdomen	_____ Ear	_____ Foot/Toes	_____ Hip	_____ Nose
_____ Ankle	_____ Eye	_____ Groin	_____ Knee	_____ Shoulder
_____ Arm/Elbow	_____ Face	_____ Hand	_____ Leg	_____ Tooth
_____ Back/Neck	_____ Finger	_____ Head	_____ Mouth	_____ Wrist
_____ Chest/Rib	_____ Other (please explain) _____			

Did Victim Refuse First Aid Attention by Staff? _____ Yes _____ No

Victim's Signature for Refusal of Care: _____

Witness: _____

Describe in detail all care given (include name of person(s) giving care) _____

Emergency Activation:	Yes	No	AED Used?	Yes	No	Oxygen Provided by EMS?	Yes	No
Emergency Activation by:	_____ Phone (911)		_____ Blue/Red Phone		Time of Activation: _____ AM PM			
Time UNCW Police Arrived:	_____ AM PM		Officer(s) Name and Badge No: _____					
Time Fire Department Arrived:	_____ AM PM		Fireperson(s) Name: _____					
Time EMS Arrived:	_____ AM PM		Paramedic(s) Name: _____					
Victim Transported to Emergency Facility or Student Health Services?	_____ Yes _____ No							
If yes, where?	_____		By? _____					

If the individual was not transported to an emergency facility, did they:

_____ Return to activity (Witnessed by _____ Date _____ Time _____)

_____ Remain onsite without participating in activity

_____ Leave site with friend or other individual (name of person) _____

Administrative Notification: _____ Program Area Manager _____ Time _____

(in the event of immediate hospitalization) Other _____ Time _____

Witness Information

Witness #1 Name: _____

Full Address: _____

Affiliation (Student, F/S, Other) _____

Contact Phone Number(s): _____

Witness #2 Name: _____

Full Address: _____

Affiliation (Student, F/S, Other) _____

Contact Phone Number(s): _____

Victim's Signature: _____ Date: _____

Witness #1 Signature: _____ Date: _____

Witness #2 Signature: _____ Date: _____

Signature of individual completing report: _____

FOLLOW UP AND REVIEW OF INJURY

Injured person called by: _____

Date/Time of Followup: _____

Treatment Received after leaving: _____

Status of injury: _____

Post Review Comments: _____

Reviewed by: _____ Coordinator _____ Associate Director

(note date reviewed) _____ Assistant Director _____ Campus Rec Dir.

Database Record No.: _____ **Database Entry date:** _____ **Entered by:** _____