

Florida Atlantic University
Department of Campus Recreation
Accident Report Form

Accident Information

Date: _____

Time: _____

Injured Member Personal Data

Name: _____ Club Name #: _____

Z # _____ Local Phone: _____

E-mail Address: _____

Local Address: _____

Gender: Male Female Age: _____ D.O.B. _____

Status: Student Faculty/Staff Member Coach Other _____

Location

Facility Name: _____

City: _____ State: _____

Further Care – First-Aid Rendered (check all that apply)

Returned to Game Friend Home Self/Friend Hospital

Ambulance to Hospital Other _____

How did the injury occur? (check all that apply)

Collision w/ obstacle Equipment Related Unknown

Collision w/ participant Non-contact Other _____

Detailed Description:

Part of Body Injured (check all that apply) **Right** **Left**

Abdomen Ankle Arm Back Ear Elbow Eye Face Finger Foot Groin Hand Head

Hip Knee Leg Mouth Neck Nose Shoulder Toe Torso Wrist Other _____

Detailed Description:

Immediate Action Taken – First-Aid Rendered (check all that apply)

Applied Ice Stopped Bleeding Kept Immobile Elevated Washed Wound Rescue Breathing CPR None Rendered

Victim Self Care Other _____

Administered by: _____ Position: _____ Phone#: _____

Was EMS Called? Yes No

Report Filer's Information

I have read & completed this report thoroughly and all the information herein is correct to the best of my knowledge.

Name: _____

Officer Position: _____

Signature: _____

Date: _____