

# Accident Report

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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: \_\_\_\_\_

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## 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)

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## 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.

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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: \_\_\_\_\_

