**CAPITAL INTRAMURAL & RECREATIONAL ACTIVITIES**
**ACCIDENT REPORT FORM**

**Date of Report ____/____/____ Date of Injury ____/____/____ Time of Injury _____ ❒ a.m. ❒ p.m.**

Information on Injured Person

Name: _____

Address: _____

(street number) (city) (state) (zip code)

Phone: (__)_____ Student ID Number: _____

Gender: ❒ Female ❒ Male Date of Birth: ____/____/____

Classification: ❒ **Student** ❒ **Faculty** ❒ **Staff** ❒ **Spouse** ❒ **Alumni** ❒ **Guest** ❒ **Other (specify)** _____

POSSIBLE TYPE OF INJURY: ❒ SPRAIN ❒ STRAIN ❒ FRACTURE ❒ DISLOCATION ❒ CONCUSSION
❒ CONTUSION ❒ LACERATION ❒ PUNCTURE ❒ BLISTER ❒ OTHER (SPECIFY)_____

**BODY PART INJURED: ❒ RIGHT ❒ LEFT**

| | | | | | | |
|---|---|---|---|---|---|---|
| ❒ HEAD | ❒ JAW | ❒ UPPER BACK | ❒ HIP | ❒ ELBOW | ❒ THIGH (Hamstring) | ❒ ANKLE |
| ❒ FOREHEAD | ❒ EAR | ❒ LOWER BACK | ❒ GROIN | ❒ FOREARM | ❒ THIGH (QUADRICEP) | ❒ HEEL |
| ❒ EYEBROW | ❒ NECK | ❒ CHEST | ❒ TAILBONE | ❒ WRIST | ❒ KNEE | ❒ TOP OF FOOT |
| ❒ EYE | ❒ THROAT | ❒ RIBS | ❒ BUTTOCK | ❒ PALM OF HAND | ❒ SHIN | ❒ BOTTOM OF FOOT |
| ❒ NOSE | ❒ COLLARBONE | ❒ STERNUM | ❒ BICEP | ❒ BACK OF HAND | ❒ CALF | ❒ TOE (WHICH) |
| ❒ MOUTH | ❒ SHOULDER | ❒ STOMACH | ❒ TRICEP | ❒ FINGER (WHICH)_____ | | |

**FACILITY WHERE INJURY OCCURRED:**

CAPITAL CENTER:

| | | | | | |
|---|---|---|---|---|---|
| ❒ MULTIPURPOSE ROOM | ❒ COURT 1,2,3,4 | ❒ WEIGHT ROOM | ❒ TENNIS COURTS | ❒ SOFTBALL FIELD | ❒ BASEBALL FIELD |
| ❒ AEROBICS ROOM | ❒ TRACK | ❒ SAND COURTS | ❒ GRASS FIELDS | ❒ FOOTBALL/SOCCER STADIUM | ❒ LAWN SPACE |
| ❒ LOCKER ROM | ❒ OTHER _____ | | ❒ OTHER _____ | | |

**PROGRAM AND ACTIVITY DURING WHICH INJURY OCCURRED:**

❒ INTRAMURAL SPORTS (SPECIFY SPORT) _____ ❒ SPORT CLUB (SPECIFY CLUB) _____
❒ FITNESS PROGRAM (SPECIFY PROGRAM) _____ ❒ SPECIAL EVENT (SPECIFY EVENT) _____
❒ OTHER (SPECIFY PROGRAM AREA AND ACTIVITY) _____ ❒ OUTDOOR RECREATION (SPECIFY ACTIVITY)_____

SPECIFIC DESCRIPTION OF HOW THE INJURY OCCURRED: _____

_____

_____

WHAT CARE WAS PROVIDED AND WHAT ACTION WAS TAKEN FOR THE INJURED PERSON? (BE DETAILED)

_____

_____

WAS CAMPUS POLICE NOTIFIED? ❒ YES ❒ NO IF YES, NAME OF OFFICER RESPONDING _____
DID PARAMEDICS/AMBULANCE RESPOND? ❒ YES ❒ NO DID THE INJURED INDIVIDUAL CONTINUE TO PARTICIPATE? ❒ YES ❒ NO
HOW WAS THE INJURED INDIVIDUAL TRANSPORTED (OR LEAVE THE FACILITY)? ❒ AMBULANCE ❒ CAMPUS POLICE ❒ FRIENDS ❒ SELF
❒ OTHER (SPECIFY) _____

WAS THE INJURED INDIVIDUAL ADVISED TO VISIT THE HEALTH CENTER OR SEEK OTHER MEDICAL TREATMENT? ❒ YES ❒ NO
WAS THE INJURED INDIVIDUAL ADVISED TO DISCONTINUE PARTICIPATION? ❒ YES ❒ NO

SIGNATURE OF INJURED: _____ DATE: _____ WITNESS NAME: _____
SIGNATURE OF PERSON FILING REPORT: _____ WITNESS PHONE NUMBER: _____
PRINTED NAME OF PERSON FILING REPORT: _____ PHONE NUMBER: _____

**FOLLOW UP:**

**REVIEW:**