### SOUTHWESTERN 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**

- HEAD
- FOREHEAD
- EYEBROW
- EYE
- NOSE
- MOUTH

**LEFT**

- JAW
- EAR
- NECK
- THROAT
- COLLARBONE
- SHOULDER

- UPPER BACK
- LOWER BACK
- NECK
- CHEST
- Ribs
- Ribs
- BUTTOCK
- HIP
- ELBOW
- FOREARM
- THIGH (Hamstring)
- ANKLE
- THIGH (Quadricep)
- KNEE
- TOP OF FOOT
- SHIN
- BOTTOM OF FOOT
- BACK OF HAND
- CALF
- TOE (WHICH)

#### FACILITY WHERE UNJURY OCCURRED:

- ROBERTSON CENTER:
  - WALZEL GYM
  - ROBERTSON GYM
  - WEIGHT ROOM
  - AEROBICS ROOM
  - TRACK
  - LOCKER ROOM
  - RACQUETBALL COURT

- OTHER AREAS:
  - TENNIS COURTS
  - SOFTBALL FIELD
  - BASEBALL FIELD
  - SNYDER FIELD
  - MOSES FIELD
  - ACADEMIC MALL
  - 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: ______________________ DATE: __________ WITNESS PHONE NUMBER: ____________________________

#### PRINTED NAME OF PERSON FILING REPORT: __________________________ PHONE NUMBER: ____________________________
FOLLOW UP:

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REVIEW:

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