

ACCIDENT/INCIDENT REPORT

Date: _____ Time: _____ am Accident
pm Incident

Name:	M#	Date of Birth:	Age:	<input type="checkbox"/> Student Patron <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Alumni Patron <input type="checkbox"/> Patron-Spouse <input type="checkbox"/> Guest
Address	City:	State:	Zip:	
Phone:	Other:	Signature:		
Name:	M#	Date of Birth:	Age:	<input type="checkbox"/> Student Patron <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Alumni Patron <input type="checkbox"/> Patron-Spouse <input type="checkbox"/> Guest
Address:	City:	State:	Zip:	
Phone:	Other:	Signature:		

Describe Incident/How Injury Occurred (add pages as needed):

- Courts
 - Arena
 - Cardio Room
 - Weight Room
 - Lobby
 - Racquetball
 - Other
- Please Specify: _____

- Injury:** Ankle/Foot/Leg Arm/Hand Left
 Back/Torso Head/Face Right
 Other: _____
- Incident:** Harassment/Threat Physical Altercation
 Theft Vandalism/Damage
 Other: _____

Action Taken/First Aid Given: (add pages as needed)	Was Public Safety Called: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Responding Officer: _____ Case # _____
	Was Fire/Rescue Called: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Was Anyone Transported to the Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____ Signature: _____	If yes, who: _____ By whom: _____

FOR OFFICE USE ONLY

Follow Up: _____ Date: _____

Staff: _____

Signature: _____