



## Accident & Injury Report

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Local address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Staff Present: \_\_\_\_\_

How did the injury occur?:

### Accident Information

- |   |  |   |                                    |
|---|--|---|------------------------------------|
| <input type="radio"/> Ache                  | <input type="radio"/> Chem Spill         | <input type="radio"/> Head Injury           | <input type="radio"/> Poisoning    |
| <input type="radio"/> Bleeding              | <input type="radio"/> Choking            | <input type="radio"/> Hives/Rash            | <input type="radio"/> Scratch      |
| <input type="radio"/> Burn                  | <input type="radio"/> Cut                | <input type="radio"/> Loss of Consciousness | <input type="radio"/> Sprain       |
| <input type="radio"/> Breathing Problem     | <input type="radio"/> Eye Injury         | <input type="radio"/> Nausea                | <input type="radio"/> Sting        |
| <input type="radio"/> Broken Bone Suspected | <input type="radio"/> Fall Height: _____ | <input type="radio"/> Nose Bleed            | <input type="radio"/> Other: _____ |

### Medical Treatment Given:

- Bandage
- Ice Applied
- CPR
- AED
- Other: \_\_\_\_\_

### Outside Treatment:

- 911/Dispatch called? By Whom?: \_\_\_\_\_
- Ambulance assistance required? Yes / No
- Poison Control Called? By Whom?: \_\_\_\_\_
- Professional Staff Called? Yes / No Whom?: \_\_\_\_\_

### Additional Notes:



**Incident Report**

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

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**Name of person demonstrating behavior:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Name of victim (if applicable):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Witnesses:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Staff Present:** \_\_\_\_\_

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**Location of Incident:** \_\_\_\_\_

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**Time of Incident:** \_\_\_\_\_

**Incident on camera?:** Yes / No

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**Incident Description:**

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**Action Taken:**

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**Outside Action:**

- 911/Dispatch called? By Whom?: \_\_\_\_\_
- University Police/Responding Officer: \_\_\_\_\_
- Professional Staff Called? Yes / No Whom?: \_\_\_\_\_

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**Additional Notes:**