XAVIER UNIVERSITY RECREATIONAL SPORTS DEPARTMENT

ACCIDENT REPORT

Date of Report\_\_\_\_\_\_\_\_\_\_\_ Date of Accident\_\_\_\_\_\_\_\_\_\_\_ Time of Accident\_\_\_\_\_\_\_\_\_ AM or PM

|  |
| --- |
| PERSONAL DATA |

Name of Injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ XU I.D. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of Injured: \_\_\_\_Student \_\_\_\_Employee \_\_\_\_Guest \_\_\_\_Member

 \_\_\_\_Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injured Person’s Nearest Relative (Name/Address/Phone #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DETAILS OF ACCIDENT |

Location of Accident:

|  |  |  |  |
| --- | --- | --- | --- |
|  Armory  |  Balance Studio |  Basketball Courts |  Cardio Floor |
|  Fieldhouse |  2nd floor alcove |  3rd floor alcove |  Locker Room |
|  Park Field |  Persist Studio |  Pool |  Sand Volleyball Courts |
|  Strength & Weight floor |  Sherman Field |  Soccer Complex |  Tennis Courts |
|  Track |  Transform Studio |  Other:  |  |

Program Participated In: \_\_\_\_Intramural Sports \_\_\_\_Club Sports \_\_\_\_Special Event

 \_\_\_\_Informal Rec. \_\_\_\_Rental \_\_\_\_Fitness Class

 \_\_\_\_Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| HOW DID INJURY OCCUR? |

\_\_\_Collision w/Obstacle \_\_\_\_Collision w/Participant \_\_\_\_Collision w/Playing Surface

\_\_\_\_Equipment Related \_\_\_\_Non-Contact \_\_\_\_Unknown

\_\_\_\_Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE MORE SPECIFICALLY:

 \_\_\_\_\_\_

|  |
| --- |
| PART OF BODY INJURED |

Check if Applicable: \_\_\_\_Right \_\_\_\_Left

\_\_\_\_Face \_\_\_\_Eye \_\_\_\_Nose \_\_\_\_Ear \_\_\_\_Mouth \_\_\_\_Neck \_\_\_\_Back

\_\_\_\_Shoulder \_\_\_\_Torso \_\_\_\_Arm \_\_\_\_Hand \_\_\_\_Finger \_\_\_\_Wrist \_\_\_\_Hip \_\_\_\_Groin \_\_\_\_Leg \_\_\_\_Knee \_\_\_\_Ankle \_\_\_\_Foot \_\_\_\_Toe \_\_\_\_Other

ADDITIONAL DETAILS OF INJURY:

 \_\_\_\_\_\_

|  |
| --- |
| IMMEDIATE ACTION TAKEN |

Name of First Responder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAIL CARE PROVIDED:

|  |
| --- |
| FURTHER CARE |

\_\_\_\_Went home on own \_\_\_\_Self/Friend to Hospital \_\_\_\_Ambulance to Hospital

\_\_\_\_Friend took home \_\_\_\_Self/Friend to Health Center \_\_\_\_Left Area, No Information

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement of Care (Injured Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Refusal of Service (Injured Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Completing Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS REPORT MUST BE FILED WITH THE ASSISTANT DIRECTOR OF AQUATICS AND RISK MANAGEMENT WITHIN 24 HOURS OF ACCIDENT.

|  |
| --- |
| ACCIDENT REPORT FOLLOW-UP |

REPORT REVIEWED BY (PLEASE INITIAL): \_\_\_\_Asst. Director \_\_\_\_Manager Date Reviewed \_\_\_\_\_\_\_\_\_

Follow-Up Report on Injured Person’s Progress - Call Log:

Attempt #1 Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ Caller Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attempt #2 Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ Caller Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attempt #3 Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ Caller Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATUS OF INJURED PERSON:

\_\_\_\_Injured participant is fine now. No complications.

\_\_\_\_The accident was serious enough to warrant additional medical attention. The injury was diagnosed

 as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Unknown

Submitted by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Care: \_\_\_\_Hospital \_\_\_\_EMS \_\_\_\_Private Physician \_\_\_\_None \_\_\_\_Other

|  |
| --- |
| FINAL REVIEW BY: \_\_\_\_Assistant Director \_\_\_\_Manager Date \_\_\_\_\_\_\_\_\_\_\_\_ |