



Wayne State University
Department of Campus Recreation Club Sports
ACCIDENT REPORT

Date of Report _____ Date of Accident _____ Time of Accident _____am _____pm

PERSONAL DATA

Name of Injured _____ D.O.B. __/__/__

WSU ID _____ Phone(____)____-____

Street Address _____ City _____ State _____

Gender: Female or Male

Status of Injured: [FR] [SO] [JR] [SR] [GR] [FAC/STAFF] [COMMUNITY] [OTHER]_____

LOCATION OF ACCIDENT

Specific Location of Accident

Mort Harris Recreation and Fitness Center:

[Court #1] [Court #2] [Studio #]_____ [Track] [Weight Room]

[Matthaei Fields]

[Off Campus Location] _____

Type of Participation

[Practice] [Game] [Travel] [Meeting] [Other]_____

HOW DID THE INJURY OCCUR?

[Collision w/ obstacle] [Collision w/ Participant] [Equipment Issue] [Non-Contact] [Slip/Fall]

[Other]_____

Describe the occurrence in detail:

PART OF BODY INJURED

Check if applicable [Right] [Left]
[Abdomen] [Ankle] [Back] [Ear] [Elbow] [Eye] [Face] [Finger]
[Groin] [Hand] [Head] [Hip] [Knee] [Leg] [Mouth] [Neck]
[Nose] [Shoulder] [Toe] [Torso] [Wrist] [Other]_____

Describe the injury in detail:

IMMEDIATE ACTION TAKEN

First Aid Rendered (check all that apply)

- Applied Ice Stopped Bleeding Kept Immobile Elevated Washed Wound
- Victim Self-Care Victim Refused Care None Rendered Rescue Breathing CPR
- Other _____

Administered by: _____ Position: _____ Phone:(____)____-____

Police Notified Yes No **EMS Notified** Yes No **Victim refused Service**

Time Notified _____ am pm Time Responded _____ am pm

FURTHER CARE

Went Home Alone Went home w/ friend Police Ambulance Left Area, No Info

Witness 1 _____ WSU ID _____ Phone(____)____-____

Witness 2 _____ WSU ID _____ Phone(____)____-____

REFUSAL OF CARE

I have been informed of everything that has taken place in regards to my injury. At this time I am refusing further assistance from the Campus Recreation staff, participant, or any additional medical assistance.

Injured Signature _____ Date ____/____/____

Employee Signature _____ Date ____/____/____

ACCIDENT REPORT FOLLOW-UP

Report Review By _____ Date Reviewed: ____/____/____

Follow-Up Report on Injury

Attempt #1: Date ____/____/____ Time _____ Caller Signature _____

Attempt #2: Date ____/____/____ Time _____ Caller Signature _____

Attempt #3: Date ____/____/____ Time _____ Caller Signature _____

Status of Injured Guest

Injured guest reports no further complications.

Medical Care Received

ER Visit Hospital Stay EMS Private Physician None Other _____

Diagnosis of Injury: _____

Miscellaneous

Phone number is incorrect Guest refuses to speak with us

Submitted by _____ Date ____/____/____

Signature _____