

**Salisbury University Campus Recreation  
Accident Report**

Today's Date \_\_\_\_\_

**Personal Data**

NAME OF INJURED PARTY \_\_\_\_\_ SOC. SECURITY # \_\_\_\_\_  
 LOCAL MAILING ADDRESS \_\_\_\_\_  
 LOCAL DAYTIME PHONE \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

**Details of Accident**

DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_  
 BLDG/CT#/FLD# \_\_\_\_\_ ACTIVITY \_\_\_\_\_  
 PROGRAM: (circle or otherwise indicate)  
 INTRAMURALS OPEN RECREATION FITNESS SPORT CLUBS OTHER: \_\_\_\_\_

**How did the accident occur?**

\_\_\_ Collision w/obstacle \_\_\_ Collision w/participant \_\_\_ Collision w/playing surface \_\_\_ Equipment related  
 \_\_\_ Non-contact \_\_\_ Unknown \_\_\_ Other  
**DESCRIBE MORE SPECIFICALLY!!**

**Part of the body injured?**

(Check if applicable) \_\_\_ Right \_\_\_ Left  
 \_\_\_ Ankle \_\_\_ Arm \_\_\_ Back \_\_\_ Ear \_\_\_ Elbow \_\_\_ Eye \_\_\_ Face \_\_\_ Finger \_\_\_ Foot \_\_\_ Groin \_\_\_ Hand \_\_\_ Hip  
 \_\_\_ Knee \_\_\_ Leg \_\_\_ Mouth \_\_\_ Neck \_\_\_ Nose \_\_\_ Shoulder \_\_\_ Toe \_\_\_ Torso \_\_\_ Wrist \_\_\_ Other  
**DESCRIBE IN GREATER DETAIL!!**

**Suspected classification of injury?**

\_\_\_ Concussion \_\_\_ Contusion/Bruise \_\_\_ Dislocation/Break/Separation \_\_\_ Laceration \_\_\_ Sprain/Strain \_\_\_ Other

**First Aid Administered by**

NAME \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
 ACTION TAKEN: \_\_\_ Applied ice \_\_\_ Stopped bleeding \_\_\_ Kept immobile \_\_\_ Elevated \_\_\_ Other (specify)

**DISCRIBE IN GREATER DETAIL!!**

**Subsequent Action Taken:**

Taken to health cent by: \_\_\_\_\_ Driven to hospital by \_\_\_\_\_  
 \_\_\_ Sat out remainder of game. \_\_\_ Resumed participation on own volition. \_\_\_ Other \_\_\_\_\_

**IMPORTANT!**

Submit this completed form within 24 hours to the coordinator responsible for the program.

Accident Witness Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 CRS Staff Preparing Form: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ DIRECTOR \_\_\_\_\_ COORDINATOR \_\_\_\_\_

**\*\*\*FOLLOW-UP REPORT OF ACCIDENT AND STATUS OF INJURED PERSON ON REVERSE\*\*\***

## ACCIDENT REPORT FOLLOW-UP

### Call Log

Attempt #1: Date: _____	Time: _____	CRS Staff: _____
Attempt #2: Date: _____	Time: _____	CRS Staff: _____
Attempt #3: Date: _____	Time: _____	CRS Staff: _____
Attempt #4: Date: _____	Time: _____	CRS Staff: _____
Attempt #5: Date: _____	Time: _____	CRS Staff: _____
Attempt #6: Date: _____	Time: _____	CRS Staff: _____

### Status of Injured Participant

Injured participant is fine now. No complications.

The accident was serious enough to warrant additional medical attention. The injury was diagnosed as a:

Unknown. Unable to contact the injured participant.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Recreation Staff Signature: \_\_\_\_\_

### Medical Care

Health Center     Hospital     Off-Campus MD     None Sought

Other

### Final Review By:

Director: \_\_\_\_\_ Coordinator: \_\_\_\_\_