RECREATIONAL SPORTS

CLUB SPORTS ACCIDENT REPORT FORM
VERSION 07.2018

This document is designed to obtain essential information on the accident. Please follow the steps indicated throughout the document. Note: Participation in Recreational Sports programs are voluntary. Medical expenses incurred from an illness, injury or accident are the responsibility of the participant.

Date: ________________ Time of Accident: ____________ AM PM

Time Notified: _______________ AM PM

Demographics and Contact Information

Injured Participant’s Name: __________________________________________ Age: ___________ □ Male □ Female
Local Address: __________________________________________________________________________ City: _________________________
State: ______ Zip: _______________ Phone: __________________________ Email: _________________________
Affiliation: □ IUB Student □ IUB Faculty □ IUB Staff □ Public □ RS Workplace Injury □ Unknown

Demographics and Contact Information

Injured Participant’s Name: __________________________________________ Age: ___________ □ Male □ Female
Local Address: __________________________________________________________________________ City: _________________________
State: ______ Zip: _______________ Phone: __________________________ Email: _________________________
Affiliation: □ IUB Student □ IUB Faculty □ IUB Staff □ Public □ RS Workplace Injury □ Unknown

Indicate the type of illness or injury. Check all that apply.

Signs/Symptoms

□ Altered Mental Status □ Nausea/Vomiting
□ Blurred Vision □ Numbness
□ Chest Pain □ Seizure
□ Dizziness □ Shortness of Breath
□ Headache □ Swelling
□ Heat Illness □ Pain: __________
□ Lethargy □ Other: __________

Observed Injuries

□ Ankle Injury □ Dislocation
□ Abrasion □ Head Injury
□ Bruise □ Knee Injury
□ Cut □ Shoulder Injury
□ Deformity □ Water Submersion
□ Dental □ Other: __________

Participant Assessment (Check all that apply)

Pain Scale

Provoke: ____________
Quality Radiate Severity Time (Onset)
□ Sharp □ No □ 1 - 10 □ 0-15 min.
□ Dull □ Yes □ 1 - 10 □ 15-60 min.
□ Crushing □ Yes □ 1 - 10 □ 1-2 hr.
□ Constant □ Yes □ 1 - 10 □ 12-24 hr.
□ Other: __________

Level of Consciousness

AVPU Assessment
□ Alert & Oriented x ____________
□ Person □ Verbal Response Only
□ Place □ Pain Response Only
□ Time □ Unresponsive
□ Events

Skin

□ Warm □ Normal
□ Dry □ Rapid
□ Hot □ Shallow
□ Sweating □ Labored
□ Clammy □ Wheezing
□ Cool □ Absent
□ Pale

Breathing

□ Reactive □ Nonreactive
□ Nonreactive □ Diseased
□ Dilated □ Pinpoint

Pupil

□ Reactive □ Nonreactive
□ Nonreactive □ Diseased
□ Dilated □ Pinpoint

Capillary Refill

□ Normal □ Delayed
□ Patent □ Obstructed

Airway

□ Normal □ Delayed
□ Patent □ Obstructed

Page 1 of ______
Indicate the location of the accident, the area where the accident occurred, and the program area.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Activity &amp; Specific Location</th>
<th>Program Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Evan Williams Field</td>
<td>□ Tennis Center</td>
<td>□ Academic Course:</td>
</tr>
<tr>
<td>□ Mellencamp</td>
<td>□ WIC Tennis Courts</td>
<td>□ Aquatics:</td>
</tr>
<tr>
<td>□ Outdoor Pool</td>
<td>□ Woodlawn Field</td>
<td>□ Club Sports:</td>
</tr>
<tr>
<td>□ RS Field Complex</td>
<td>□ Other</td>
<td>□ Group Exercise:</td>
</tr>
<tr>
<td>□ SPH</td>
<td></td>
<td>□ Informal Sports:</td>
</tr>
<tr>
<td>□ SRSC</td>
<td></td>
<td>□ Intramural Sports:</td>
</tr>
<tr>
<td>□ SRSC Tennis Courts</td>
<td></td>
<td>□ Personal Training:</td>
</tr>
</tbody>
</table>

List the times that the Recreational Sports Professional Staff, Ambulance, and IUPD arrived on the scene, with names.

<table>
<thead>
<tr>
<th>On-Site/On-Call Professional Staff</th>
<th>Ambulance</th>
<th>IUPD Police Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: __________________________</td>
<td>Truck #: __________________________</td>
<td>Officer 1 Name: __________________________</td>
</tr>
<tr>
<td>Time Arrived: ____________________</td>
<td>Time Arrived: ____________________</td>
<td>Badge #: __________________________</td>
</tr>
<tr>
<td></td>
<td>Time Left: ___________________</td>
<td>Officer 2 Name: __________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Badge #: __________________________</td>
</tr>
<tr>
<td>Was an AED brought to the scene?</td>
<td>Transport Information</td>
<td>Time Arrived: ____________________</td>
</tr>
<tr>
<td>□ Yes     □ No</td>
<td>□ Yes     □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Transported by ambulance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Refused transport via ambulance</td>
<td></td>
</tr>
</tbody>
</table>

Accident Report Checklist

- [ ] Yes  [ ] No  Entered the accident report number on all first responder, employee & witness statements included in this packet
- [ ] Yes  [ ] No  Indicate # of copies in this packet: ___ First Responder  ___ Employee  ___ Participant  ___ 911 script
- [ ] Yes  [ ] No  Completed your statement and obtained a statement from another employee.
- [ ] Yes  [ ] No  Obtained two participant statements. If not, why? __________________________
- [ ] Yes  [ ] No  Re-stocked your fanny pack or kit (Club Sports). If not, why? __________________________
- [ ] Yes  [ ] No  For Code Red accidents, returned the AED to the designated location? If not, why? __________________________

Turned report in to:  
- [ ] Member Services (name) __________________________
- [ ] OSOC Professional (name) __________________________
- [ ] WIC 290

Person Completing Form: __________________________  Position: __________________________

Do NOT make copies of this report or give the report to anyone or make any statements to anyone. Requests for copies of completed accident/incident reports should be directed to Jackie Puterbaugh at 855-7772.
1 Answer the following questions

How were you contacted?  □ Witnessed accident/incident   □ Person   □ Other: _______________________

Who contacted you? ______________________________________________________________

Please describe how you were notified in detail: __________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2 Only state the facts; do not editorialize on the form. Indicate circumstances of the accident/incident in the space provided below.

What did you see happen or were you told happened by the person notifying you of the accident/incident?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What actions did you take in the accident/incident response?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Who was present at the time of the accident/incident?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Purpose: This form is designed to obtain critical information on the accident/incident. It is to be completed by a witness who saw the accident/incident and/or the response. Please follow the steps indicated throughout the document. Please print in ALL CAPS and full sentences.

1 Complete your contact information

Name: __________________________________________________________________________

Your Affiliation: ☐ Student ☐ Faculty ☐ Staff ☐ Public ☐ Other: __________________________________________

Email: ___________________________________________ Phone: (________) ________________________________

2 Indicate circumstances of the accident/incident in the space provided below.

During what activity did the accident/incident occur? (i.e. basketball, tennis, etc.)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Where did the accident/incident take place?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Who was present at the scene of the accident/incident? (i.e. participants and employees)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Describe in detail what happened:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

For additional space, use back of this sheet.

3 Please sign and note the time and date.

Participant’s Signature: _______________________________ Date: ________________________
Purpose: This form is designed to obtain critical information on the accident/incident. It is to be completed by a witness who saw the accident/incident and/or the response. Please follow the steps indicated throughout the document. Please print in ALL CAPS and full sentences.

1. Complete your contact information

Name: ________________________________________________________________

Your Affiliation:  □ Student  □ Faculty  □ Staff  □ Public  □ Other: ________________________________

Email: ___________________________________________ Phone: ( _________ ) __________________________

2. Indicate circumstances of the accident/incident in the space provided below.

During what activity did the accident/incident occur? (i.e. basketball, tennis, etc.)

__________________________________________________________________________________________

Where did the accident/incident take place?

__________________________________________________________________________________________

Who was present at the scene of the accident/incident? (i.e. participants and employees)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Describe in detail what happened:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

For additional space, use back of this sheet.

3. Please sign and note the time and date.

Participant’s Signature: ___________________________________________ Date: ________________

Accident Packet #_________ Incident Packet #_________