



Accident Packet # _____

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.

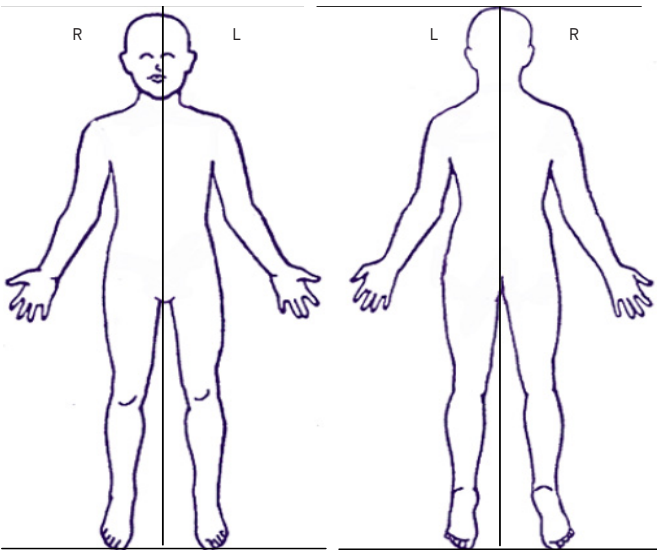
1 Date: _____ Time of Accident: _____ AM PM

2 Time Notified: _____ AM PM

3 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

4 a. **Circle** the part of the body injured on the diagram.
 b. **Label** the part of the body injured on the diagram.



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

Signs/Symptoms

- | | |
|--|--|
| <input type="checkbox"/> Altered Mental Status | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Heat Illness | <input type="checkbox"/> Pain: _____ |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Other: _____ |

Observed Injuries

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Ankle Injury | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Knee Injury |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Shoulder Injury |
| <input type="checkbox"/> Deformity | <input type="checkbox"/> Water Submersion |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Other: _____ |

6 Participant Assessment (Check all that apply)

Pain Scale

Provoke: _____

Quality	Radiate	Severity	Time (Onset)
<input type="checkbox"/> Sharp	<input type="checkbox"/> No	1 - 10	<input type="checkbox"/> 0-15 min.
<input type="checkbox"/> Dull	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> 15-60 min.
<input type="checkbox"/> Cramp			<input type="checkbox"/> 1-2 hr.
<input type="checkbox"/> Crushing			<input type="checkbox"/> 12-24 hr.
<input type="checkbox"/> Constant			<input type="checkbox"/> Other: _____

Level of Consciousness

AVPU Assessment
 Alert & Oriented x _____

<input type="checkbox"/> Person	<input type="checkbox"/> Verbal Response Only
<input type="checkbox"/> Place	<input type="checkbox"/> Pain Response Only
<input type="checkbox"/> Time	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Events	

General Assessment

Skin	Breathing	Pupil	
<input type="checkbox"/> Warm	<input type="checkbox"/> Normal	L <input type="checkbox"/> Reactive	R <input type="checkbox"/>
<input type="checkbox"/> Dry	<input type="checkbox"/> Rapid	<input type="checkbox"/> Nonreactive	<input type="checkbox"/>
<input type="checkbox"/> Hot	<input type="checkbox"/> Shallow	<input type="checkbox"/> Diseased	<input type="checkbox"/>
<input type="checkbox"/> Sweating	<input type="checkbox"/> Labored	<input type="checkbox"/> Dilated	<input type="checkbox"/>
<input type="checkbox"/> Clammy	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Pinpoint	<input type="checkbox"/>
<input type="checkbox"/> Cool	<input type="checkbox"/> Absent		
<input type="checkbox"/> Pale			

Capillary Refill	Airway
<input type="checkbox"/> Normal	<input type="checkbox"/> Patent
<input type="checkbox"/> Delayed	<input type="checkbox"/> Obstructed

7 Indicate the location of the accident, the area where the accident occurred, and the program area.

Facility	Activity & Specific Location	Program Area
<input type="checkbox"/> Evan Williams Field <input type="checkbox"/> Tennis Center <input type="checkbox"/> Mellencamp <input type="checkbox"/> WIC Tennis Courts <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Woodlawn Field <input type="checkbox"/> RS Field Complex <input type="checkbox"/> Other _____ <input type="checkbox"/> SPH <input type="checkbox"/> SRSC <input type="checkbox"/> SRSC Tennis Courts	Activity: _____ _____ _____ Room # _____ Specific Location: _____ _____ _____	<input type="checkbox"/> Academic Course: _____ <input type="checkbox"/> Aquatics: _____ <input type="checkbox"/> Club Sports: _____ <input type="checkbox"/> Group Exercise: _____ <input type="checkbox"/> Informal Sports: _____ <input type="checkbox"/> Intramural Sports: _____ <input type="checkbox"/> Personal Training: _____ <input type="checkbox"/> Special Events: _____ <input type="checkbox"/> Tennis Center: _____ <input type="checkbox"/> Other: _____

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

Code Red Only	On-Site/On-Call Professional Staff	Ambulance	IUPD Police Officer
	Name: _____ Time Arrived: _____	Truck #: _____ Time Arrived: _____ Time Left: _____	Officer 1 Name: _____ Badge #: _____ Officer 2 Name: _____ Badge #: _____ Time Arrived: _____
	Was an AED brought to the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transport Information <input type="checkbox"/> Transported by ambulance <input type="checkbox"/> Refused transport via ambulance	

9 Accident Report Checklist

<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered the accident report number on all first responder, employee & witness statements included in this packet Indicate # of copies in this packet: ___ First Responder ___ Employee ___ Participant ___ 911 script
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed your statement and obtained a statement from another employee.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Obtained two participant statements. If not, why? _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-stocked your fanny pack or kit (<i>Club Sports</i>). If not, why? _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Office Use Only - Member Services

Entered by (print): _____ Date: _____ Time: _____ AM/PM



Accident Packet # _____

Incident Packet # _____

Note: A Safety Lead narrative should be completed by any Safety Lead who had any involvement with the accident/incident. Safety Leads should document what happened and/or what they did following the accident. This section should be completed at the time of the accident/incident.

1 Answer the following questions

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

Who contacted you? _____

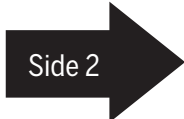
Please describe how you were notified in detail: _____

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?





Accident Packet # _____

Incident Packet # _____

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: _____

Additional Notes:

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