Accident Packet #1
Club Safety Lead

1. Date: ______________ Time of Accident: ____________ AM PM
   Time Notified: _______________ AM PM

3. Demographics and Contact Information
Injured Participant’s Name: ____________________________________________ Age: _______ Male ___ Female ___ X ___
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
   ☐ Altered Mental Status   ☐ Numbness
   ☐ Bleeding               ☐ Seizure
   ☐ Chest Pain             ☐ Shortness of Breath
   ☐ Dizziness              ☐ Swelling
   ☐ Headache               ☐ Fainting
   ☐ Heat Illness           ☐ Pain: ____________
   ☐ Nausea/Vomiting        ☐ Other: ____________

   Observed Injuries
   ☐ Ankle Injury           ☐ Head Injury
   ☐ Abrasion               ☐ Knee Injury
   ☐ Bruise                 ☐ Muscle Strain
   ☐ Cut                    ☐ Shoulder Injury
   ☐ Deformity              ☐ Water Submersion
   ☐ Dislocation            ☐ Other: ____________

6. Participant Assessment (Check all that apply)

   Pain Scale
   Provoking: ________________
   Quality: ☐ Sharp ☐ Dull ☐ Crushing ☐ Constant
   Radiate: ☐ No ☐ Yes
   Severity: (1 - 10) __________
   Time (Onset): ☐ 0-15 min. ☐ 15-60 min. ☐ 1-2 hr. ☐ 12-24 hr. ☐ Other: __________

   Initial Level of Consciousness
   Alert & Oriented
   ☐ Person ☐ Verbal Response Only
   ☐ Place ☐ Pain Response Only
   ☐ Time ☐ Unresponsive
   ☐ Events

   General Assessment
   Skin ☐ Dry ☐ Hot/Warm ☐ Sweating ☐ Clammy ☐ Cold/Cool ☐ Pale
   Breathing ☐ Normal ☐ Rapid ☐ Shallow ☐ Labored ☐ Wheezing ☐ Absent
   Pupils L ☐ Reactive R ☐ Nonreactive
   Capillary Refill ☐ Normal ☐ Delayed ☐ Clear ☐ Obstructed
   Airway RR: ____________
   Vitals BP: ____________
Pulse: ____________
Obtain these as you can if you are trained to do so.
7. Indicate the location of the accident and the area where the accident occurred.

<table>
<thead>
<tr>
<th>Activity &amp; Specific Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity: __________________</td>
</tr>
<tr>
<td>Room # as applicable: ______</td>
</tr>
<tr>
<td>Specific Location: __________</td>
</tr>
</tbody>
</table>

8. RS Professional Staff, Ambulance, and Law Enforcement information as applicable

<table>
<thead>
<tr>
<th>RS On-Site Professional Staff</th>
<th>Ambulance</th>
<th>Police Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>(812)325-3682</td>
<td>Time Arrived: __________________</td>
<td>Officer 1 Name: __________________</td>
</tr>
<tr>
<td>Name: __________________</td>
<td>Time Left: __________________</td>
<td>Badge #: __________________</td>
</tr>
<tr>
<td>Time Called: _______________</td>
<td>Transport Information</td>
<td>Agency __________________</td>
</tr>
<tr>
<td></td>
<td>□ Transported by ambulance</td>
<td>Time Arrived: _______________</td>
</tr>
<tr>
<td></td>
<td>□ Refused transport via ambulance</td>
<td></td>
</tr>
</tbody>
</table>

Was an AED brought to the scene? □ Yes □ No

9. Accident Report Checklist

- □ Yes □ No Entered the date and time on all forms included in this packet.

- Indicate # of copies in this packet: ___ Safety Lead ___ CS Members ___ Witness

- □ Yes □ No Completed your statement and obtained a statement from another Club Sports member.

- □ Yes □ No Obtained relevant witness statements. If not, why ____________________________

- □ Yes □ No For serious accidents, contacted the OS Professional and CS Director. If not, why ____________________________

Turned report in to: □ CS Director or OS Professional (name) ____________________________

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 or any information should be directed to the Executive Director at recsport@iu.edu.

Office Use Only - Member Services

Entered by (print): __________________ Date: ___________ Time: ___________ AM/PM
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. Please print in ALL CAPS and full sentences.

1 Notification

Please describe how you were notified in detail, include date notified and date the accident/incident occurred:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

What were you doing when the accident/incident happened?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Where were you when the accident/incident happened?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Describe in your own words - in detail - how the accident/incident took place.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What was your role in the accident/incident?

__________________________________________________________________

Did you take any other actions?

☐ Cleaned the space ☐ Offered relational service ☐ Submitted work ticket ☐ Closed the space: ____________

☐ Notified supervisor ☐ Other: __________________________________________

Recommendations/follow up to prevent a similar accident/incident from occurring in the future:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Narrative: Describe in detail what happened, what led up to it, and all actions taken.

[Blank lines]

Attach additional sheets if necessary.

Please sign and note the time & date.

Report completed by (please print name): 

Program Area: ____________________________  Position: ____________________________

Email: ____________________________  Phone #: (  ) ____________________________

Signature: ____________________________  Date: ____________________________  Time: _______ AM PM

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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: _______________________

Page _____ of _____
Note: To be used in the event that there is not enough room on any form to fully describe the situation.

Additional Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
2 Please sign and note the time & date.

Report completed by (please print name): ____________________________________________

Program Area: ___________________________ Position: ________________________________

Email: _________________________________ Phone #: ( ) _____________________________

Signature: ______________________________ Date: _____________________ Time: __________ AM PM

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