RECREATIONAL SPORTS

CLUB SPORTS ACCIDENT REPORT FORM

VERSION 7.2023

Accident Packet #_____

Club Safety Lead

_____

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

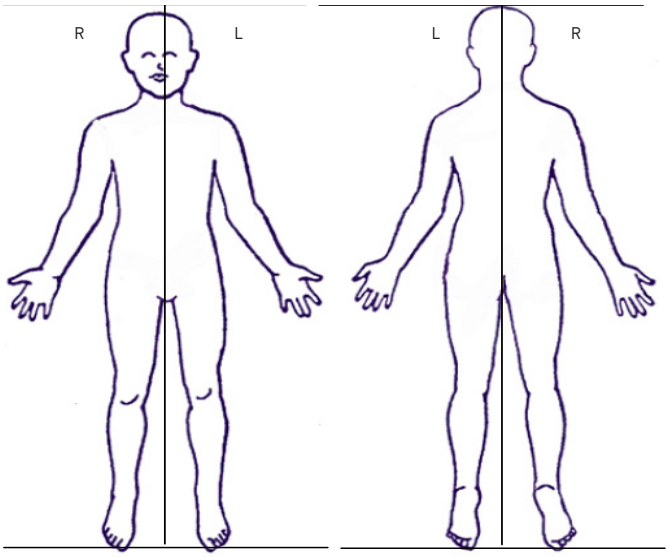
Injured Participant's Name: _____ Age: _____ Male__ Female__ X__

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
- ☐ Bleeding
- ☐ Chest Pain
- ☐ Dizziness
- ☐ Headache
- ☐ Heat Illness
- ☐ Nausea/Vomiting
- ☐ Numbness
- ☐ Seizure
- ☐ Shortness of Breath
- ☐ Swelling
- ☐ Fainting
- ☐ Pain: _____
- ☐ Other: _____

Observed Injuries

- ☐ Ankle Injury
- ☐ Abrasion
- ☐ Bruise
- ☐ Cut
- ☐ Deformity
- ☐ Dislocation
- ☐ Head Injury
- ☐ Knee Injury
- ☐ Muscle Strain
- ☐ Shoulder Injury
- ☐ Water Submersion
- ☐ Other: _____

6 Participant Assessment *(Check all that apply)*

Pain Scale

Provoke: _____

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

Initial Level of Consciousness

Alert & Oriented

- ☐ Person
- ☐ Place
- ☐ Time
- ☐ Events
- ☐ Verbal Response Only
- ☐ Pain Response Only
- ☐ Unresponsive

General Assessment

Skin	Breathing	Pupils	L	R
☐ Dry	☐ Normal	☐ Reactive	☐	☐
☐ Hot/Warm	☐ Rapid	☐ Nonreactive	☐	☐
☐ Sweating	☐ Shallow	☐ Diseased	☐	☐
☐ Clammy	☐ Labored	☐ Dilated	☐	☐
☐ Cold/Cool	☐ Wheezing	☐ Pinpoint	☐	☐
☐ Pale	☐ Absent			

Capillary Refill	Airway	Vitals
☐ Normal	☐ Clear	RR:_____
☐ Delayed	☐ Obstructed	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.

Activity & Specific Location

Activity: _____

Room # as applicable_____

Specific Location: _____

8 RS Proffesional Staff, Ambulance, and Law Enforcement information as applicable

Code Red Only

RS On-Site Professional Staff

(812)325-3682
Name:_____
Time Called:_____

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

Ambulance

Time Arrived: _____
Time Left: _____

Transport Information
☐ Transported by ambulance
☐ Refused transport via ambulance

Police Officer

Officer 1 Name: _____
Badge #: _____
Agency_____
Time Arrived: _____

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

RECREATIONAL SPORTS

Accident/Incident
SAFETY LEAD STATEMENT
Version 8.2023

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. 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:

_____

_____

_____

Side 2

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

Attach additional sheets if necessary.

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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RECREATIONAL SPORTS

Accident/Incident PARTICIPANT/WITNESS STATEMENT VERSION 7/2023

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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RECREATIONAL SPORTS

ADDITIONAL SHEET

VERSION 7.2023

Accident Packet #_____

Incident Packet #_____

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

Additional Notes:

Side 2

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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