

For Club Sports activities when no RS staff present, call 911 and the on-site professional directly.

1 Date: _____
Time of Incident: _____ AM PM

2 It is important to get the full name by checking an ID and email of the person(s) involved.

Participant #1 Name: _____ Age: ____ Male Female N/A
Local Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Affiliation: IUB Student IUB Faculty IUB Staff Public Unknown
Description if name is not available:
Gender: ____ Age: ____ Height: ____ Hair Color: ____ Ethnicity: _____
Distinct Features: _____

Participant #2 Name: _____ Age: ____ Male Female N/A
Local Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Affiliation: IUB Student IUB Faculty IUB Staff Public Unknown
Description if name is not available:
Gender: ____ Age: ____ Height: ____ Hair Color: ____ Ethnicity: _____
Distinct Features: _____

3 List ALL staff members involved with this incident and describe their role:

Role during incident	Name	Position
Notified of incident		
Responded to incident		
Called 911		

4 Indicate the type of incident by checking all that apply.

Choose one:

Illegal
 Suspicious
 Security or Risk Management Concern

Alcohol/Drug
 Lost/Missing/Stolen Key
 Theft
 Body Fluid Clean-up
 Parking Lot Incident
 Trespassing
 Code Adam
 PIC
 Vandalism
 Evacuation
 Property Damage-Bldg/Eqpmt
 Verbal Abuse/Intimidation/Threats
 Fight/Physical Abuse
 Safety Violation
 Other-Crime
 Found Property
 Security Breach
 Other: _____

Do NOT make copies of this report, or give this report to anyone, or make any statements to anyone. Direct any requests for information to the Executive Director at recsport@indiana.edu

5 Indicate the location of the incident and specify the area where the incident occurred.

Facility	Activity & Specific Location
Please give the address or location of where the incident occurred: _____ _____ _____ _____ _____	Activity: _____ Room#: _____ Specific Location _____ _____

Club Sport's Name: _____

Club Safety Officer's Name: _____

6 List the times that Law Enforcement arrived, and the Recreational Sports professional staff was contacted

Code Blue Only	<p style="text-align: center;">Police Officer</p> Name 1 _____ Badge # _____ Name 2 _____ Badge # _____ Time Arrived: _____ AM PM Case#: _____	<p style="text-align: center;">On-Site (OS) Professional</p> Name _____ Time Contacted _____ AM PM OS Number: 812-325-3682
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7 Summary statement – 2-3 sentences describing what happened and what actions were taken.

8 Incident report checklist.

Entered report # on all forms included in this packet

Indicate # of copies in this packet: ___ Safety Lead ___ Participant/Witness

Obtained two participant/witness statements. If not, why? _____

Gave report to: Professional Staff (name) _____ On Site (name) _____

9 Please sign and note the time & date.

Report completed by (Please Print Name): _____

Program Area: _____ Position: _____

Email: _____ Phone # (_____) _____

Signature: _____ Date: _____ Time: _____ AM PM

OFFICE USE ONLY - Member Services

Entered by: _____ 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. 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.

Lined area for writing the narrative.

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

Do NOT make copies of this report or give the report to anyone or make any statements to anyone.
Requests for copies or information should be directed to the Executive Director at recsport@iu.edu.



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: _____

