

ACCIDENT REPORT GUIDE

**There's been an accident and now you have to fill out the report form.
This is a quick guide to help you fill it out correctly!**

<div style="text-align: center;"> <p>SOUTHERN ILLINOIS UNIVERSITY CARBONDALE</p> </div> <div style="text-align: center;"> <p>STUDENT RECREATION CENTER</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>Accident Date: _____</p> <p>Accident Time: _____ am pm</p> <p>Notified Victor: Y/N Time: _____</p> </div>
---	--

ACCIDENT REPORT FORM

Supervisor On Duty: _____

ALL ACCIDENTS TO BE REPORTED IMMEDIATELY AND FORWARDED TO: Coordinator, Competitive Sports

Name of Injured: _____ **Dawgtag/ID#** _____ **Gender:** _____

Local Address: _____

Local Phone: () _____ **Cell Phone:** () _____ **E-Mail:** _____

Status (circle one): Student Staff Faculty Guest Other: _____

<p>Apparent Nature of Injury</p> <p>___ Abrasion ___ Laceration</p> <p>___ Burn ___ Puncture</p> <p>___ Concussion ___ Scratches</p> <p>___ Contusion ___ Shock</p> <p>___ Fracture ___ Strain</p>	<p>Part of the Body Injured (Mark R for Right and L for Left)</p> <p>___ Abdomen ___ Chest ___ Face ___ Hand ___ Leg ___ Scalp ___ Tooth</p> <p>___ Ankle ___ Ear ___ Foot ___ Hip ___ Mouth ___ Shoulder ___ Wrist</p> <p>___ Arm ___ Elbow ___ Forearm ___ Head ___ Neck ___ Thigh</p> <p>___ Back ___ Eye ___ Groin ___ Knee ___ Nose ___ Tongue</p> <p>Finger (___ thumb ___ index ___ middle ___ ring ___ little)</p> <p>Other (explain) _____</p>
--	--

Location of Accident (check appropriate area)

___ East Gym Court # _____ ___ East Weight Room _____ ___ Group Fitness Studio _____ ___ Climbing Wall _____ ___ SRC Pool _____ ___ Administrative Office _____	___ West Gym Court # _____ ___ Cardio Studio _____ ___ Men's Locker Room _____ ___ Indoor Upper Track _____ ___ Pool Lounge # _____ ___ Intramural Playfields _____	___ Reception Desk _____ ___ Dance Studio _____ ___ Women's Locker Room _____ ___ Alumni Lounge _____ ___ Pool Observation Area _____ ___ Campus Lake Boat Dock _____	___ West Weight Room _____ ___ Martial Arts Studio _____ ___ Indoor Lower Track _____ ___ Kitchen _____ ___ Upper Lvl. Studio 7 _____ ___ PFWS _____
--	--	--	---

___ Other. Where: _____

PLEASE SPECIFY THE EXACT LOCATION OF THE ACCIDENT AND HOW THE INJURY OCCURRED: (Describe fully the events, actions, and conditions which may have contributed to the injury)

Type of First Aid Administered: _____ **By:** _____

<p>Immediate Action Taken (Please circle)</p> <p>Police Called? Yes No</p> <p>Ambulance Called? Yes No</p> <p>Sent to Health Services? Yes No</p> <p>Sent to Hospital? Yes No</p>	<p>Method of Transportation</p> <p>Time ambulance arrived _____ AM PM</p> <p>Time private vehicle left _____ AM PM</p> <p>Time police arrived _____ AM PM</p>
--	--

Care of injured transferred to: Name: _____ **Position:** _____

INJURED PERSON'S SIGNATURE: _____ **Date** _____

Witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

OR ADMINISTRATIVE USE:

Date Reviewed: _____ Reviewed by: _____ Title: _____

Notes: _____

Video Review Yes No

1. Start Here

Please fill out the Date, Time. Please list whether Victor Martin or Joshua Heape was notified.

2. Who Was Involved?

Fill out the information of the Individual(s) involved.
NOTE: Forward this immediately to Competitive Sports Coordinator!

3. What Type of Accident Was It?

Please be sure to check no if DPS wasn't called.

4. Where Did It Take Place?

Check the location.

5. What Happened?

In the clearest language possible, detail the accident. There is extra space for this section on the back. Sign at the bottom of this section when completed and include your position title.

6. What Action Did You Take?

Include name of Supervisor that provided care to the injured person.

7. Injured Person Signs Here

Any Witness information goes in this section.

Please turn over form.

ACCIDENT REPORT PROCEDURES for RSS Staff

1. When an injury occurs, immediately fill out an Accident Report Form so name, injury, and treatment are *readable*.
2. Please use Pen.
3. Make sure all information is correctly filled out and **signed**. Many other people will be reading this form. All names listed in the report should include a *legible* first and last name. This includes the names of the injured, supervisors, officials, and witnesses.
4. **Supervisor Present** – This is the person who is filling out the Injury Report Form, the event supervisor.
5. **Type of First Aid Administered:** Please indicate first aid given (i.e. applied pressure with gauze, gave ice, band aid, etc.) and by whom.
6. **Care of Injured Transferred To:** Please indicate the name and position (i.e. police officer, EMT, or other) that the care of the injured was given to.
7. Do not diagnose injuries.
8. Read the Accident Report Form and check to make sure it is accurate.
9. Forward the completed Accident Report Form to the Coordinator of Competitive Sports
10. Original form is entered into the database of injuries for the current year and then filed in the Accident Report Forms Binder for the annual report and injury audit.

MEDICAL RELEASE FORM

Time: _____ Date: _____

_____ has advised me, _____
(Staff member) (Participant)
to seek medical attention at the University Health Service or personal physician due to my Loss of consciousness / Injury /
Other* while at the SRC / Play Fields / SRC Pool / Pulliam Pool / Campus Boat Dock.
(circle one) *Please describe Other:

My signature on this document indicates my understanding of the advice to seek medical attention.

Participant's Name Printed

Participant's Signature Date Participant's ID Number

Witness Name Printed Participant's Phone Number

Witness Signature Date (Optional)

Staff Member Name Printed Staff Member Signature Date

Student Supervisor Name Printed Student Supervisor Signature Date

Please list any other important details below:

1. Fill Out This Section

Please list the Date and Time for the accident. Please include the names of the staff members and the person involved in the accident.

2. The Injured Person Signs Here

3. If There Was a Witness, Have Them Sign Here

4. REC Staff - Enter Your Information Here