Florida State University  
Department of Campus Recreation  
Accident Report Form

Date of Incident ____/____/____  
Time of Incident _____  pm / am  
FSU Police Notified___  
Officer Name/Badge# _________ Case # _________  
EMS Notified___  Time of Arrival_______

PERSONAL DATA  
Gender:  
Male  
Female

Name _______________________________________________________________  
ID # (FSUID/DL#) ______________________

Local Address _________________________________________________________  
Date of Birth:      ____/____/____

Local Phone __________________  Status:    ___ Student       ___  Faculty/Staff   ___ Guest  ___ Other: ______________

If under 18, name and phone number of parent/legal guardian: ______________________________________________________________________

DETAILS OF ACCIDENT

Building/Area of Accident:  
___ Leach Center        ____ Main Campus Fields          ___   Rec SportsPlex     ____ Reservation
___ Tully Gym          ____ Leach Center Pool         ___  Westside Courts    ____ Other: ______________

Location within building/area (court #, field #, machine description, etc.) _____________________________________________________________

Program participating in (check all that apply)

___ Open Recreation   ___ Intramural Sports  ___ Sport Clubs   ___ Aquatics    ___ Fitness
___ Instructional Program  ___ Camp  ___ Outdoor Pursuits   ___ FSU Challenge   ___ Other:___________

DETAILS OF INJURY

Part of Body Injured (check all that apply)  
___ Left     ___ Right     ___ N/A

___ Head ___ Face ___ Ear ___ Mouth ___ Teeth ___ Eye ___ Nose ___ Neck ___ Shoulder ___ Arm
___ Wrist ___ Hand ___ Finger ___ Torso ___ Back ___ Ribs ___ Hip ___ Groin ___ Leg ___ Knee
___ Ankle ___ Foot ___ Toe ___ Other: __________________________________________________________________________

Suspected Classification of Injury:

___ Laceration/Cut   ___ Strain  ___ Break   ___ Sprain  ___Fracture  ___ Dislocation
___ Contusion/Bruse  ___ Concussion  ___Airway ___ Cardiac ___ Sudden Illness ___Other:_____________________

Description of how injury occurred: (specify events leading to the accident/injury)

___Collision with obstacle ___ Co llision with person ___ Hit by projectile ____Pre-existing ___Equipment related ___Non-contact
___ Sudden turn or stop  ___ Unknow n    ___ Fall    ____Swim Rescue ___Boating ___Other:_______

Describe in greater detail: (attach additional information if necessary/more room on back)

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

IMMEDIATE ACTION TAKEN

First Aid rendered: (check all that apply)  
Name of care giver: _________________________ Position: _________________

___ Applied Ice  ___ Stopped Bleeding  ___ Immobilized  ___ Elevated  ___ Washed Wound  ___ Victim Self Care
___ CPR    ___ Rescue Breathing   ___ Bandage     ___ None   ___ Other: ______________________________
___ AED  For Aquatics Use Only:  ___ Assisted Rescue ___ Oxygen   ___ Passive Rescue ___ Backboard

Describe in greater detail: (attach additional information if necessary/more room on back)

________________________________________________________________________________________________________________________

Further Care: (check all that apply)

___ Ambulance to hospital*  ___ Went home on own  ___ Returned to activity  ___ Friend took home  ___ Self/Friend to Thaggard
___ Self/Friend to hospital  ___ Had no info  ___ Left area  ___ Referred for treatment

I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. At this time, I am refusing further care from the Florida State University, Department of Campus Recreation.

Injured Signature:_____________________________________________________________________________   Date ___/___/___

Signature of Parent/Legal Guardian (if victim is a minor) ______________________________________________   Date ___/___/___

Signature of Staff Member filling out report ________________________________________________________   Date ___/___/___

~OVER~
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Department of Campus Recreation  
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FOLLOW-UP REPORT

Facility Data:
Number of Patrons in the area at the time of the incident:____________________
Number of facility employees on duty at time of incident:____________________
Number of additional staff supervising event (i.e. Intramural staff, Fitness staff, etc.) _________________
Describe condition of the area at the time of the incident
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
Witness ___________________________ Phone ________________________ Address_____________________________________________
Reviewed by: ______________________ Position: ______________________ Date _____/_____/_____

CALL LOG

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<th>Attempt #1</th>
<th>Date</th>
<th>Time</th>
<th>Caller Signature</th>
<th>Left Message</th>
<th>Left Message with Person</th>
<th>Spoke with injured party</th>
<th>No answer</th>
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<th>Caller Signature</th>
<th>Left Message</th>
<th>Left Message with Person</th>
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<th>Date</th>
<th>Time</th>
<th>Caller Signature</th>
<th>Left Message</th>
<th>Left Message with Person</th>
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STATUS OF INJURED PERSON

Date __/__/____  Time ____________  Caller Signature: ______________________
___ The injured person is fine.  No complications.
___ Unknown.  Unable to contact the injured person after 3 attempts.
___ The injury was serious enough to warrant additional medical attention.  The injury was diagnosed as ______________________________________

ADDITIONAL NOTES:

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
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