

**Florida State University  
Department of Campus Recreation  
Accident Report Form**

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

FSU Police Notified\_\_\_\_

Time of Incident \_\_\_\_\_ pm / am

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)

\_\_\_ 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/Bruise      \_\_\_ Concussion      \_\_\_ Airway      \_\_\_ Cardiac      \_\_\_ Sudden Illness      \_\_\_ Other: \_\_\_\_\_

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

\_\_\_ Collision with obstacle    \_\_\_ Collision with person    \_\_\_ Hit by projectile    \_\_\_ Pre-existing    \_\_\_ Equipment related    \_\_\_ Non-contact  
\_\_\_ Sudden turn or stop    \_\_\_ Unknown    \_\_\_ 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    \_\_\_ Left area no info    \_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

