



INJURY REPORT

Accident Information	
Date:	_____
Time:	_____ AM/PM
Place:	_____

1. INJURED PARTICIPANT INFORMATION

Name: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender: Female Male

Affiliation: ISU Student Faculty/Staff Alumni Community Member
 Sponsored Member Guest Group Recreational Sports Employee

2. ACCIDENT INFORMATION

LOCATION: SRC HHS WOLF REC EAST REC NORTH REC WEST TENNIS COURTS

Program Participating In: _____ (Aquatics, Intramurals, Fitness Floor, Informal Rec, etc.)

Cause of injury: _____ (collision with person, collision with obstacle, fall)

Suspected Classification of Injury/Accident:

Breathing Concussion Dislocation Laceration/Cut Sudden Illness
 Cardiac Contusion/Bruise Fracture Strain/Sprain Other _____

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

Abdomen Chest Face Head Neck Toe
 Ankle Ear Finger Knee Nose Tooth
 Arm Elbow Foot Leg Ribs Wrist
 Back Eye Hand Mouth Shoulder Other _____

Description of Accident (use back for additional writing space): _____

3. ACTION TAKEN

First Aid Rendered (check all that apply): Name of care giver: _____ Position: _____

AED Bandage Immobilized Stopped Bleeding None
 Applied Ice CPR Rescue Breathing Victim Self Care Other _____

For Aquatics Use Only: Active Rescue Passive Rescue Backboard

Detailed Description of Care (use back for additional writing space): _____

Police/EMS Called: Yes No Time Called: ____:____ am/pm Time of Arrival: ____:____ am/pm

Further Care (check all that apply):

Ambulance to hospital Went home on own Returned to activity Left area—no info
 Self/Friend to hospital Friend took home Referred for treatment Other _____

I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge.

Victim's Signature: _____ Victim Refused Care: Yes No

4. WITNESS INFORMATION

Witness Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____

5. REPORT FILER'S SIGNATURE: _____ **POSITION:** _____

