



ACCIDENT REPORT FORM



Longwood University Sport Clubs

Name: _____ Gender: F M Date of Accident: ____/____/____
 Student Faculty/Staff Guest Other Time of Accident: _____ AM / PM
 DOB: ____/____/____ Student ID# _____ Place of Accident: _____
 If no Student ID# then use DL# _____ Report Prepared By: _____
 Home Address: _____ Time Prepared: _____
 City: _____ Phone Number - Home: (____)____-____
 State: _____ and Zip: _____ Work/Cell: (____)____-____

Location Injury Occurred: Fitness Center Multipurpose Gym Willett Pool Lancer Park grass
 Lancer Park turf Basketball Courts Other: _____

Program Participating In: Activity Class Group Fitness Outdoor Adventure
 Aquatics Intramurals Sports Club _____
 Weight room Basket/Volleyball Other: _____

PART OF BODY INJURED

* Please indicate with a

Left, Right, Both, or Center

L/R/B/C | **Body Part**

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

SUSPECTED NATURE OF INJURY

* Please check all that apply

- Abrasion
- Amputation
- Asphyxiation
- Bite
- Bruise
- Burn
- Concussion
- Cut
- Dislocation
- Fracture
- Laceration
- Poisoning
- Puncture
- Scalds
- Scratches
- Shock (electric)
- Sprain
- Other: _____

ACTION(S) TAKEN

First-Aid Treatment Yes / No

Explanation of treatment:

Sent to Health Center Yes / No

Sent Home Yes / No

Sent to Hospital Yes / No

Hospital Name: _____

Called EMS Yes / No

Called Police Yes / No

Police Report #: _____

Previous Injury Yes / No

Assumption of Risk

Individuals are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participation in recreational sports activities. Longwood does not provide insurance coverage for participants. Individuals who participate in recreational sports will be doing so at their own risk. Participation in any recreational sports activity is voluntary. Longwood University is not responsible for any injury that may occur to individuals participating in any recreational sports activity.

DESCRIPTION OF THE ACCIDENT

How did the accident happen? What was the student/participant doing? Where was accident located? List specifically any unsafe acts and/or unsafe conditions that existed. Specify a tool, machine, or equipment, if involved. How could the accident have been prevented? Use the bottom of this form if necessary.

WITNESS INFORMATION:

Witness Name: _____ Witness Phone Number: (_____) _____ - _____

Witness Statement: _____

FOLLOW UP REPORT

Attempt #1 Date: ____/____/____

Left Message – VM/Machine Left Message – Person

Attempt #2 Date: ____/____/____

Left Message – VM/Machine Left Message – Person

Attempt #3 Date: ____/____/____

Left Message – VM/Machine Left Message – Person

Caller Signature: _____

Spoke w/ Injured Party No Answer

Caller Signature: _____

Spoke w/ Injured Party No Answer

Caller Signature: _____

Spoke w/ Injured Party No Answer

STATUS OF INJURED PERSON: (Injured party's condition, diagnosis, treatment)

Caller Signature: _____ Date: ____/____/____

- The injured person is fine. No complications.
- Status is unknown. Unable to contact injured party after 3 attempts.
- The injury was serious enough to require additional medical attention.
The injury was diagnosed as: _____

SUPERVISOR REVIEW:

Supervisor's Name: _____ Review Date: ____/____/____

Notes: _____

ADDITIONAL NOTES: _____
