



Accident Report Form

Date: _____ Time of Injury: _____ am/pm Time Notified: _____ am/pm
Injured Person's Name: _____ 92#: _____ M F D.O.B.: ___/___/___
Local Address: _____ Phone: _____
Status: Student Faculty Staff Other: _____ Injured Person's Signature: _____

Location of Accident
Indoor Facilities

Outdoor Facilities

Program Area:

Witness Name: _____ Phone: _____ Email: _____

Description of Accident: _____

Signature: _____

Description of Accident Continued: _____

REMEMBER TO DO THE FOLLOWING EVERY TIME YOU HAVE AN EMERGENCY SITUATION:

1. Activate the emergency action plan/Call 911.
2. Protect the individual from further injury.
3. Maintain life or attempt to restore life.
4. Comfort and reassure the individual.

COMPLETE AN ACCIDENT REPORT FOR EVERY ACCIDENT.

WHEN ACTIVATING 911 FOR HELP REMEMBER TO GIVE THE FOLLOWING INFORMATION:

1. The EXACT location.
2. What has happened.
3. Number of victims.
4. The telephone number from which you are calling.

CALL FOR AN AMBULANCE WHEN THE VICTIM REQUESTS ONE, THE POLICE REQUEST ONE, OR IN A SITUATION WHERE IT IS OBVIOUS THAT AN AMBULANCE IS NEEDED.

ALWAYS GET A WITNESS TO SIGN THE ACCIDENT REPORT FORM.

911 RESPONSE DOCUMENTATION

Time 911 Call Was Placed: _____ am/pm

Time Police Arrived (if applicable): _____ am/pm

Time Ambulance Arrived: _____ am/pm

Time Ambulance Departed Facility: _____ am/pm

Did participant leave with ambulance? Yes No

Person Who Placed The Call: _____ Status: CRW Staff Student Faculty Staff Public

Address: _____

Phone: _____

BODY FLUID SPILL CHECKLIST

If the accident involved a body fluid spill, do the following:

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