

W&M Campus Recreation **ACCIDENT REPORT**

Individual Filing Report: _____
Date: _____ Time: _____ AM PM
Job Title: _____

Date of Injury: _____ Time of Injury: _____ AM PM
Person Injured: _____ ID#: _____
Local Address: _____ Phone #: _____
School Email: _____ Age: _____ Pronouns: _____
Gender Identity (circle one): M F Non-Binary/Non-Gender Conforming Prefer not to disclose Prefer to self-describe: _____

On Campus Identity (circle one):
W&M Student Faculty/Staff Privilege Card _____ Guest Visiting Athlete Other: _____

Activity (circle one and specify, if necessary):
Aquatics Group Fitness Open Rec. Personal Training
Outdoor Rec Sport Clubs: _____ IM Sports: _____ Other: _____

Describe (in detail) the event that caused the injury:

Location Where Injury Occurred: (circle one, specify if necessary)
Adair Gym Cardio Room IM Field Miller Gym Ct: (specify) _____
Adair Pool Climbing Wall MAC Gym Millie West Tennis Courts
Barksdale Field Erg Room/Big MAC Multi-Purpose Studio Rec Tennis Courts
Busch Grass Group Fit Studio Rec Center Pool Kaplan
Busch Turf Weight Room Other: _____

Suspected Type of Injury: (circle on, specify if other)
Dislocation Cut/Scrape Fracture/Sprain Poisoning
Breathing Difficulty Drowning Head Injury Sudden Illness
Bruise Other: _____

Did the individual lose consciousness? (circle one) Yes No Did you review the CRT5? (concussion tool) Yes No

Side of Body Injured: (circle one) Right Left Both

Part of Body Injured: (circle all that apply)
Abdomen Ear Foot/Toes Hip Nose
Ankle Eye Groin Knee Shoulder
Arm/Elbow Face Hand/Finger Leg Tooth
Back Neck Wrist Head Mouth
Chest/Rib Other: _____

Was First Aid Received or Refused? (circle one) Received Refused

Injured Person's Signature for Refusal of Care: (only sign if care was refused) _____

Witness's Name (if applicable): _____ Witness's Signature (if applicable): _____

Describe, in detail, all care given to the injured participant (include name of person(s) providing care) Use additional sheets if necessary:

Emergency Activation: (circle one) Yes No

AED used? (circle one) Yes No

CPR Administered? (circle one) Yes No

Emergency Activation By: (circle one) Phone (911) Blue Phone Teams No Emergency Activation (Skip to next section)

Time of Activation (if applicable): _____ AM PM

Time W&M Police Arrived: _____ AM PM

Officer(s) Name and Badge #: _____

Time Fire/Rescue Arrived: _____ AM PM

Fireperson(s) Name: _____

Police Report # (if applicable) _____

Paramedic(s) Name: _____

Was the Injured Individual Transported to Emergency Facility or Student Health Center? (circle one) Yes No

If yes, where? _____ **By Whom?** _____

If the individual was not transported to an emergency facility, did they:

Return to activity: (circle one) Yes No

Remain onsite without participating in activity: (circle one) Yes No

Leave site with friend or other individual: (circle one) Yes No (If yes, who? _____)

Administrative Notification **contact supervisor any time you call 911** (circle one)

Yes No (If Yes, who? _____ Time: _____ AM PM)

Witness Information:

Witness Name: _____

Email Address: _____

Affiliation (circle one): W&M Student Faculty/Staff Guest Visiting Athlete Privilege Card _____ Other: (specify) _____

Contact Phone Number: _____

Witness Signature: _____ **Date:** _____

Injured Participants Signature: _____ **Date:** _____

Signature of individual completing the report: _____ **Date:** _____

FOLLOW UP AND REVIEW (For Administrative Use Only)

Status of Injury: _____

Post Review Comments: _____

Reviewed By: (circle one and specify) Athletic Trainer Other: _____

Name of Reviewer: _____

Signature of Reviewer: _____ **Date:** _____ **Time:** _____ AM PM