

W&M Campus Recreation ACCIDENT REPORT

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: _____

Injured Participant's Signature: _____ Date: _____

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

Location Where Injury Occurred: (circle one, specify if necessary)

Adair Gym	Cardio Room	Kaplan	McLeod Studio	Tack Family Boathouse (Off-Campus)
Adair Pool	Climbing Wall	Kingsmill Resort	Miller Gym Ct: (specify which) _____	Tyler Studio
Barksdale Field	Ellis Field	MAC Gym	Millie West Tennis Courts	Weight Room
Busch Grass	Erg Room/Big MAC	Matoaka Boathouse	Rec Center Pool	Other: _____
Busch Turf	IM Field	Matoaka Amphitheater	Rec Tennis Courts	

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 CRT6: (concussion tool) Yes No

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

Continue to back of form

Emergency Activation: (circle one) Yes (Called 911) No Emergency Activation (Skip to next section)

AED used? (circle one) Yes No

CPR Administered? (circle one) Yes No

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 and 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:** _____

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