

ACCIDENT REPORT FORM

Updated: August 29, 2008

UNIVERSITY OF DENVER
Division of Athletics & Recreation

REPORT DATA	Date: _____	Time of injury: _____	am/pm	Time notified: _____	am/pm
PERSONAL DATA	Name of Injured: _____		FEMALE <input type="radio"/>	_____	
	Last	First	M.I.	MALE <input type="radio"/>	Date of Birth
CONTACT INFORMATION	ADDRESS: _____				
	PHONE: _____		E-MAIL: _____		
	CLASSIFICATION: <input type="radio"/> STUDENT <input type="radio"/> FACULTY <input type="radio"/> STAFF <input type="radio"/> MEMBER <input type="radio"/> PROGRAM <input type="radio"/> OTHER				

IN WHAT FACILITY AREA DID THE INJURY OCCUR?

COORS FITNESS CENTER: <input type="radio"/> LEVEL 1-Main Level <input type="radio"/> LEVEL 2-Cardio Deck RACQUETBALL/SQUASH COURT: <input type="radio"/> COURT 1 <input type="radio"/> COURT 2 <input type="radio"/> SQUASH STUDIOS: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C – Spinning Studio <input type="radio"/> D	LOCKER ROOMS: <input type="radio"/> MEN'S GENERAL <input type="radio"/> MEN'S GOLD <input type="radio"/> WOMEN'S GENERAL <input type="radio"/> WOMEN'S GOLD <input type="radio"/> JOY BURNS ARENA # _____ <input type="radio"/> MAGNESS ARENA # _____ <input type="radio"/> LITTLE PIONEER PLACE <input type="radio"/> CLIMBING WALL	<input type="radio"/> TURF/FIELD <input type="radio"/> TENNIS PAVILION <input type="radio"/> HAMILTON GYM <input type="radio"/> GATES FIELDHOUSE <input type="radio"/> JOY BURNS ICE ARENA <input type="radio"/> MAGNESS ARENA <input type="radio"/> GYMNASISTICS AREA <input type="radio"/> EL POMAR NATATORIUM <input type="radio"/> OTHER:
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NATURE OF POSSIBLE INJURY	PART OF BODY INJURED																																													
<input type="radio"/> Airway, Breathing, Circulation <input type="radio"/> Head, Neck, Spinal <input type="radio"/> Bruise/Break in skin (Minor Bleeding) <input type="radio"/> Dislocation <input type="radio"/> Fracture <input type="radio"/> Sprain/Strain <input type="radio"/> Other _____	<input type="radio"/> Abdomen <input type="radio"/> Back <input type="radio"/> Face <input type="radio"/> Head <input type="radio"/> Neck <input type="radio"/> Torso	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">R L</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Ankle</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Elbow</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Finger</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Foot</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Forearm</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Groin</td> </tr> </table>	R L		<input type="radio"/> <input type="radio"/>	Ankle	<input type="radio"/> <input type="radio"/>	Elbow	<input type="radio"/> <input type="radio"/>	Finger	<input type="radio"/> <input type="radio"/>	Foot	<input type="radio"/> <input type="radio"/>	Forearm	<input type="radio"/> <input type="radio"/>	Groin	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">R L</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Hand</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Hamstring</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Knee</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Pelvis</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Quad</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Ribs</td> </tr> </table>	R L		<input type="radio"/> <input type="radio"/>	Hand	<input type="radio"/> <input type="radio"/>	Hamstring	<input type="radio"/> <input type="radio"/>	Knee	<input type="radio"/> <input type="radio"/>	Pelvis	<input type="radio"/> <input type="radio"/>	Quad	<input type="radio"/> <input type="radio"/>	Ribs	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">R L</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Shin</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Shoulder</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Toe</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Upper Arm</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Wrist</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> <input type="radio"/></td> <td style="text-align: center;">Other</td> </tr> </table>	R L		<input type="radio"/> <input type="radio"/>	Shin	<input type="radio"/> <input type="radio"/>	Shoulder	<input type="radio"/> <input type="radio"/>	Toe	<input type="radio"/> <input type="radio"/>	Upper Arm	<input type="radio"/> <input type="radio"/>	Wrist	<input type="radio"/> <input type="radio"/>	Other
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PROGRAM DATA	<input type="radio"/> Aquatics <input type="radio"/> Club Sports <input type="radio"/> Alpine Club <input type="radio"/> Group Fitness <input type="radio"/> Gymnastics <input type="radio"/> Ice Programs <input type="radio"/> Intramural Sports <input type="radio"/> Rental <input type="radio"/> Athletic Events <input type="radio"/> Youth Programs <input type="radio"/> Other (please specify) _____
ACTIVITY (Please Be Specific):	_____

TREATMENT PROVIDED	<input type="radio"/> Ice Provided <input type="radio"/> Bandages/Band Aids <input type="radio"/> Water Rescue <input type="radio"/> Backboard <input type="radio"/> CPR <input type="radio"/> AED <input type="radio"/> Rescue Breathing <input type="radio"/> Choking Assistance <input type="radio"/> Splinting <input type="radio"/> Shock Prevention <input type="radio"/> Diabetic Emergency <input type="radio"/> EpiPen <input type="radio"/> Cold Emergency <input type="radio"/> Heat Emergency
Staff Providing Primary Care:	_____
Phone :	_____

DETAILED DESCRIPTION OF THE ACCIDENT AND TREATMENT (More Room on Reverse and/or Attach a Separate Piece of Paper)

EMS Contacted:	YES / NO	Transported:	YES / NO	Method of Transportation:	<input type="radio"/> Ambulance <input type="radio"/> Campus Safety <input type="radio"/> Private Auto <input type="radio"/> Other
Name of Individual Notified of Injury:	_____		Relationship to Injured Party:	_____	
				Phone:	_____

Signature of Injured Person or Legal Guardian:	_____			
Report Completed By:	_____		Phone:	_____

Staff Description of Accident (continued from front) Attach Additional Paper if Necessary

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Witness # 1 Contact Information and Account of the Incident:

Name:		Phone:		Email:	
Address:		Relationship to Injured Party:			

Description of Accident

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Witness # 2 Contact Information and Account of the Incident:

Name:		Phone:		Email:	
Address:		Relationship to Injured Party:			

Description of Accident

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PROFESSIONAL STAFF FOLLOW-UP * RM Fax Number 303-871-4455

Date of Follow-up:		Manager:		Phone:	
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Follow-Up Comments

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Do You Recommend a Follow-up by Risk Management?	YES / NO	Date/Time Faxed to RM:		By Whom:	
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