

**The Department of Health & Human Performance**

**Accident Report**

Date \_\_\_\_\_

1. Name of Instructor (Print): \_\_\_\_\_

2. Name of Injured Party (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name of witness (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Date and time of accident: \_\_\_\_\_

5. Subject and course number at time of accident (e.g., ESS 1100): \_\_\_\_\_

6. Location of accident (Building, Street or other area of campus). Please try to locate as close as possible.

\_\_\_\_\_

7. How did the accident occur?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Statements made by injured party at the time of the accident or following accident.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Apparent injuries or complaints of injuries

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\_\_\_\_\_

\_\_\_\_\_

10. What aid was rendered, including whether an ambulance or the police were called?

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11. What instructions, if any, were given to the injured party (e.g., Where they referred to their physician or the student health center? Where they instructed to apply ice to the injury or elevate the injury?)

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Signature of Injured Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_