

**Florida State University  
Department of Campus Recreation  
Accident Report Form**

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

FSU Police Notified \_\_\_\_

Time of Incident \_\_\_\_\_ pm / am

Officer Name/Badge# \_\_\_\_\_ Case # \_\_\_\_\_

EMS Notified \_\_\_\_ Time of Arrival \_\_\_\_\_

**PERSONAL DATA**

Name \_\_\_\_\_

Gender: Male Female

ID # (FSUID/DL#/SS#) \_\_\_\_\_

Local Address \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Phone \_\_\_\_\_ Status: \_\_\_\_ Student \_\_\_\_ Faculty/Staff \_\_\_\_ Guest \_\_\_\_ Other: \_\_\_\_\_

If under 18, name and phone number of parent/legal guardian: \_\_\_\_\_

**DETAILS OF ACCIDENT**

**Building/Area of Accident:**

\_\_\_\_ Leach \_\_\_\_ Main Campus Fields \_\_\_\_ Rec SportsPlex \_\_\_\_ Reservation \_\_\_\_ Tully Gym \_\_\_\_ Pool \_\_\_\_ Other: \_\_\_\_\_

Location within building/area (court #, field #, machine description, etc.) \_\_\_\_\_

**Program participating in:** (check all that apply)

\_\_\_\_ Open Recreation \_\_\_\_ Intramural Sports \_\_\_\_ Club Sports \_\_\_\_ Aquatics \_\_\_\_ Fitness  
\_\_\_\_ Instructional Program \_\_\_\_ Camp \_\_\_\_ Outdoor Pursuits \_\_\_\_ FSU Challenge \_\_\_\_ Other: \_\_\_\_\_

**DETAILS OF INJURY**

**Part of Body Injured** (check all that apply)

\_\_\_\_ Head \_\_\_\_ Face \_\_\_\_ Ear \_\_\_\_ Mouth \_\_\_\_ Teeth \_\_\_\_ Eye \_\_\_\_ Nose \_\_\_\_ Neck \_\_\_\_ Shoulder \_\_\_\_ Arm  
\_\_\_\_ Wrist \_\_\_\_ Hand \_\_\_\_ Finger \_\_\_\_ Torso \_\_\_\_ Back \_\_\_\_ Ribs \_\_\_\_ Hip \_\_\_\_ Groin \_\_\_\_ Leg \_\_\_\_ Knee  
\_\_\_\_ Ankle \_\_\_\_ Foot \_\_\_\_ Toe \_\_\_\_ Other: \_\_\_\_\_

**Suspected Classification of Injury:**

\_\_\_\_ Laceration/Cut \_\_\_\_ Strain \_\_\_\_ Break \_\_\_\_ Sprain \_\_\_\_ Fracture \_\_\_\_ Dislocation  
\_\_\_\_ Contusion/Bruise \_\_\_\_ Concussion \_\_\_\_ Airway \_\_\_\_ Cardiac \_\_\_\_ Sudden Illness \_\_\_\_ Other: \_\_\_\_\_

**Description of how injury occurred:** (specify events leading to the accident/injury)

\_\_\_\_ Collision with obstacle \_\_\_\_ Collision with person \_\_\_\_ Hit by projectile \_\_\_\_ Pre-existing \_\_\_\_ Equipment related \_\_\_\_ Non-contact  
\_\_\_\_ Sudden turn or stop \_\_\_\_ Unknown \_\_\_\_ Fall \_\_\_\_ Swim Rescue \_\_\_\_ Boating \_\_\_\_ Other: \_\_\_\_\_

**Describe in greater detail:** (attach additional information if necessary/more room on back)

**IMMEDIATE ACTION TAKEN**

**First Aid rendered:** (check all that apply)

Name of care giver: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_ Applied Ice \_\_\_\_ Stopped Bleeding \_\_\_\_ Immobilized \_\_\_\_ Elevated \_\_\_\_ Washed Wound \_\_\_\_ Victim Self Care  
\_\_\_\_ CPR \_\_\_\_ Rescue Breathing \_\_\_\_ Bandage \_\_\_\_ None \_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ AED **For Aquatics Use Only:** \_\_\_\_ Assisted Rescue \_\_\_\_ Oxygen \_\_\_\_ Passive Rescue \_\_\_\_ Backboard

**Describe in greater detail:** (attach additional information if necessary/more room on back)

**Further Care:** (check all that apply)

\_\_\_\_ Ambulance to hospital\* \_\_\_\_ Went home on own \_\_\_\_ Returned to activity \_\_\_\_ Friend took home \_\_\_\_ Self/Friend to Thaggard  
\_\_\_\_ Self/Friend to hospital \_\_\_\_ Left area no info \_\_\_\_ Referred for treatment

*I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge. At this time, I am refusing further care from the Florida State University, Department of Campus Recreation.*

Injured Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Legal Guardian (if victim is a minor) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Staff Member filling out report \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

