Case Western Reserve University
Physical Education and Athletic Department

Accident / Injury Report Form

Name: _____ Sex: ___Male ___ Female

Address: _____
Street City State Zip Code

Telephone: _____ E-Mail: _____ Social Security Number: _____

University Status: ___ Student ____ Faculty/Staff ___ Other: (specify) _____

Date of This Report: _____ Date of Accident: _____

Time of Accident: _____ a.m. ./ p.m. Place of Accident: _____

NATURE OF INJURY

Abrasion	_____	Fracture	_____
Aspxiation	_____	Laceration	_____
Bite	_____	Poisoning	_____
Bruise	_____	Puncture	_____
Burn	_____	Scalds	_____
Concussion	_____	Scratches	_____
Cut	_____	Shock (el.)	_____
Dislocation	_____	Sprain	_____

Other (specify) _____

PART OF BODY INJURIED

Abdoman	_____	Ankle	(____R / ____L)
Back	_____	Arm	(____R / ____L)
Chest	_____	Ear	(____R / ____L)
Face	_____	Elbow	(____R / ____L)
Finger	_____	Eye	(____R / ____L)
Head	_____	Foot	(____R / ____L)
Mouth	_____	Hand	(____R / ____L)
Nose	_____	Knee	(____R / ____L)
Scalp	_____	Leg	(____R / ____L)
Tooth	_____	Wrist	(____R / ____L)

Other (specify) _____

DESCRIPTION OF ACCIDENT

How did accident happen? What was the person doing? Where was the person? List any specifically unsafe acts and unsafe conditions existing? Specify any tool, machine or equipment involved? Additional space available on back

_____

_____

_____

IMMEDIATE ACTION TAKEN

First Aid Treatment Given: __ YES __ NO By Name: _____ Phone #: _____Email: _____

First Aid Rendered: _____

Called Campus Police(368-3333)__YES __ NO By Name: _____ Phone #:_____ Email: ___

Referred to Health Services? ___YES ___NO Sent to Hospital? ___YES ___ NO

Transported to health care facility for further examination/treatment ? ___YES ___ NO

____Ambulance _____ Personal Vehicle _____ Friends Vehicle (name) _____

1. Witness: _____
   Address: _____
   Phone #: _____
   E-Mail: _____

2. Witness: _____
   Address: _____
   Phone #: _____
   E-Mail: _____

Date: _____ Acknowledgement of Injuried Party: _____

Form Submitted by: _____ Signature & Date: _____

Please attach additional comments / information on back of sheet

Printed 08/04/03 9:39 AM