



INCIDENT REPORT FORM

A. Report data Date: _____ Time of injury: _____ a.m./p.m.
Name of injured: _____

B. Personal data Gender: Female Male

Age: _____

Local address: _____ Phone: _____ E-mail: _____

City, state, zip: _____

Classification: Student Faculty Staff Public Other _____

C. Injury data Body fluid spill? Yes No
Were Universal Precautions practiced? Yes No

Part of body injured:

- | | | |
|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Chest | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Back | <input type="checkbox"/> Head | <input type="checkbox"/> Nose |
| <input type="checkbox"/> R L | <input type="checkbox"/> R L | <input type="checkbox"/> R L |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Calf | <input type="checkbox"/> Forearm | <input type="checkbox"/> Quadriceps |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Groin | <input type="checkbox"/> Ribs |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin |
| <input type="checkbox"/> Finger | <input type="checkbox"/> Hamstring | <input type="checkbox"/> Shoulder |

Nature of possible injury:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cut |
| <input type="checkbox"/> R L | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Toe | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Upper arm | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other part _____ | |

What action(s) taken:

- EMS called but victim not transported
- First aid (describe): _____
- First aid supplies used: _____

Victim transported to: Hospital Health center Home Other _____

Method of transport: Ambulance Private Auto Police Other _____

(Note: Regis University is not responsible for any medical and/or transport fees associated with injuries to participants)

Time EMS called: _____ a.m./p.m.

Time EMT arrived: _____ a.m./p.m.
EMT name(s) _____

Location of accident:

ACCIDENT REPORT FORM (continued)

Reporting Person's #1 – narrative

State factual information, not opinions. Never diagnose injuries. (Interview the victim, report the *who, what, when, where, how, and what* you did surrounding the accident.) Use additional paper if necessary.

Reporting Person's Name _____ Email: _____

Were you the only person who responded to the accident? _____
If not, begin other person's #2 narrative.

Person #2 – narrative

Reporting Person's name: _____ E-mail: _____

E. Signatures **Injured participant:** _____
(If care provided) (Injured person's signature) (Printed name)

[Example of care include: assistance with any of our first aid supplies, curbside assistance to a vehicle outside one of our facilities, calling for advanced medical assistance]

Refusing attention signature: I, _____, have been advised that I may have a medical condition(s) which may require an examination by a doctor, and I refuse such medical care and/or advice as has been rendered by _____. Or, I do not believe a medical emergency exists and I require no further assistance.

Signature: _____ Date: _____ Time: _____

Report complete by: _____
(Reporting Person's Signature) (Name printed) (e-mail)

ACCIDENT REPORT FORM

F. Witness Info. (What did you see happen? [*Who, what, when, where, how*] Use additional paper if necessary. Report names, times, and what you did related to the events surrounding the accident.)

Witness #1

(Note: to be completed by a witness who saw the accident – not a reporting person or the injured participant.)

Name of witness: _____ Phone: _____ E-mail: _____

Statement:

Signature of witness: _____ Date and time: _____

Additional witnesses

(Note: To be completed by witness(es) who saw the accident-not a reporting person). Record you statement, and, contact information, date, time and signature on a separate sheet of paper. Remember to include as many details in the statement as factually recollected.

G. Office Date of follow-up: _____ Staff person: _____

Follow-up comments:
