

SCSU – Accident / Injury Report

Please Print

Name of Person Injured/Involved In Accident: _____

Address: _____

Phone: _____ Age: _____ Sex: M F

If Minor (Parent or Guardian): _____

Date of Injury: _____ Time of Injury: _____ Activity: _____

Please Circle

Body Parts Injured

Head
Neck / Back
Ear
Eye
Nose / Mouth
Shoulder
Arm
Elbow
Hand / Wrist
Fingers
Abdomen
Chest / Ribs
Genitalia
Hip
Leg
Knee
Ankle / Lower Leg

Type of Injury

Bruise / Contusion
Burn / Blister
Dislocation
Fracture/Broken Bone
Head Injury
Laceration
Poisoning
Puncture
Splinter
Sprain / Strain
Suffocation
Other

Location of Injury

Halenbeck Fieldhouse
Halenbeck Main Gym
Dance Studio
Wrestling Room
Eastman Fitness Center
Halenbeck Pool
Eastman Pool
National Hockey Center
Selke Fields
Outdoor Endeavors
Challenge Course
Stadium
Rec. Center
Other

Action Taken & Follow-Up

1. What caused the injury? _____

2. First Aid Given: _____

3. Other Details: _____

4. Did the injury require a 911 call? Y N

Witness Name: _____ Phone: _____

Address: _____

I have read the above report and agree with the information presented.

Printed Name of person injured / involved in incident

Signature of person injured / involved in incident

Printed Name of Witness

Signature of Witness

Printed Name of Employee

Signature of Employee