# Accident Report Form

A complete accident report must be filed when an injury occurs. Be sure to file an accident report in the CRW office located on the 1st floor of the Rec Center, as soon as possible after the incident. In the event of an injury, the first person on scene will begin the initial assessment of the injury. The person assessing the injury will then proceed to call 911 if needed, and will complete the Accident Report Form. This form will then be submitted to the CRW office. If you have any questions, please contact the CRW office at 828-227-3456.

**Date:** __________________ Time of Injury: _________am/pm  
**Time Notified:**  ________am/pm

**Injured Person’s Name:** ____________________________  
92#: ____________________  
 M   F  D.O.B.:  ___/___/___

**Local Address:** __________________________________  
Phone: ____________________________________________

**Status:**  
 Student   Faculty   Staff   Other: ___________  
**Injured Person’s Signature:**  _________________________

### Location of Accident

**Indoor Facilities**

CRC:  
☐ Gyms  
☐ Track  
☐ Fitness Floor  
☐ Climbing Wall  
☐ Studio 1 or 2, specify: _____  
 Other: _______________

Reid:  
☐ Pool  
☐ 1st Floor Gyms  
☐ 2nd Floor Gyms

**Outdoor Facilities**

☐ Bermuda Field  
☐ Camp Lab Fields  
☐ WCU Stadium  
☐ Norton Field  
☐ Band Practice Field  
 Other: _______________

### Description of Accident:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

*Continue on back if needed

**Body Fluid Spill:**  
 YES – See back side   NO  
Was 911 Called:  
 YES – See back side   NO

**Action Taken by CRW Employee**

 Administered CPR  
 Administered AED

 First Aid Care:  
☐ Ice  
☐ Bandage(s)  
☐ Athletic Tape  
☐ Splint  
 Other: _______________

**Additional Care:** ________________________________________________________________

### Possible Nature of Injury

**Check Part of Body Injured**

- [ ] Bruise
- [ ] Dislocation
- [ ] Fracture
- [ ] Cut
- [ ] Sprain
- [ ] Strain
- [ ] Other: ________

- [ ] Head
- [ ] Face
- [ ] Neck
- [ ] Chest
- [ ] Back
- [ ] Finger
- [ ] Abdomen
- [ ] Toe

- [ ] Hand
- [ ] Wrist
- [ ] Forearm
- [ ] Elbow
- [ ] Upper Arm
- [ ] Shoulder
- [ ] Ribs
- [ ] Pelvis

- [ ] Foot
- [ ] Ankle
- [ ] Shin
- [ ] Knee
- [ ] Hamstring
- [ ] Quadriceps
- [ ] Groin
- [ ] Other: ________

**Put an “X” on Injured Area**

- [ ] Front
- [ ] Back

### Transported by (person):  _________________________  
**Transportation Method:** (walk, car, ambulance):

- [ ] Yes   No

**First Responder:**  _________________________  
**Secondary Responder(s):**  _________________________

**Submitted by:**  _________________________  
**Supervisor Signature:**  _________________________  
**Date:**  _________________________

**Release Signature:**  
Refusing Attention – I have been advised that I may have a medical condition(s) which may require examination by a medical professional and I refuse such advice and/or medical -OR- I do not believe a medical emergency exists and I require no further assistance.

Signature:  _________________________  
**Date:**  _________________________  
**Time:**  _________ am/pm

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WCU Campus Recreation & Wellness
Western Carolina University

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Witness Name: ____________________________  Phone: __________________  Email: ____________________________

Description of Accident: ____________________________________________

__________________________________________________________

Signature: ___________________________________

Description of Accident Continued:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

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___________________________________________________________________________________

___________________________________________________________________________________

REMEmBER TO DO THE FOLLOWING EVERY TIME YOU HAVE AN EMERGENCY SITUATION:

1. Activate the emergency action plan/Call 911.
2. Protect the individual from further injury.
3. Maintain life or attempt to restore life.
4. Comfort and reassure the individual.

COMPLETE AN ACCIDENT REPORT FORM FOR EVERY ACCIDENT.

WHEN ACTIVATING 911 FOR HELP REMEMBER TO GIVE THE FOLLOWING INFORMATION:

1. The EXACT location.
2. What has happened.
3. Number of victims.
4. The telephone number from which you are calling.

CALL FOR AN AMBULANCE WHEN THE VICTIM REQUESTS ONE, THE POLICE REQUEST ONE, OR IN A SITUATION WHERE IT IS OBVIOUS THAT AN AMBULANCE IS NEEDED.

ALWAYS GET A WITNESS TO SIGN THE ACCIDENT REPORT FORM.

911 RESPONSE DOCUMENTATION

Time 911 Call Was Placed: _____ am/pm  Time Police Arrived (if applicable): _______ am/pm

Time Ambulance Arrived: _____ am/pm  Time Ambulance Departed Facility: _______ am/pm

Did participant leave with ambulance?  □ Yes  □ No

Person Who Placed The Call: ________________________  Status: □ CRW Staff □ Student □ Faculty □ Staff □ Public

Address: ____________________________________________  Phone: __________________

BODY FLUID SPILL CHECKLIST

If the accident involved a body fluid spill, do the following:

- Wear gloves while handling any bodily fluid spills!
- Use a face mask when administering CPR.
- Clean up the area using Precise and a rag/paper towel.
- Dispose of the contaminated supplies (gauze, gloves, paper towels, etc…) using the biohazard bags into the biohazard bin.
- Thoroughly wash hands after the incident.
- If you believe you were exposed to body fluids during this situation, contact your supervisor immediately.