

Western Carolina University  
Club Sports  
**Incident/Accident Report Form**

In the event an on-campus incident/accident occurs, the following offices should be called:

Emergency	911
WCU Public Safety	227-7301
Health Services	227-7640

**Please return by the next business day to the Campus Recreation Center.**

Club Sport: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

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**Personal Data**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Local Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Status: \_\_\_\_\_ Student \_\_\_\_\_ Faculty/Staff Other: \_\_\_\_\_

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**Incident Information (if relevant to event)**

Injured/Afflicted area(s): \_\_\_\_\_ Parties involved: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Who was the first to respond? \_\_\_\_\_  
Was any other assistance given? \_\_\_\_\_ If yes, what: \_\_\_\_\_

Description of incident (what happened & how did it happen, conditions (weather, facility) etc.):

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**Accident Information (if relevant to event)**

Injured/Inflicted area(s): \_\_\_\_\_ Parties involved: \_\_\_\_\_

Date of the Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Was First Aid administered by club? \_\_\_\_\_ If yes, by whom: \_\_\_\_\_

Was any other assistance given? \_\_\_\_\_ If yes, what: \_\_\_\_\_

Description of injury (what happened & how did it happen, conditions (weather, facility) etc.):

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**Witness Report**

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of event by witness: \_\_\_\_\_

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Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of event by witness: \_\_\_\_\_

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Submitted by (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_