

University of Wisconsin-Whitewater Office of Recreation Sports and Facilities
Accident Report Form – *use reverse side of form to describe events/share information*

Personal Information of Injured Person

Name: _____ I.D.# _____
Club Name: _____
Local Address: _____ Local Phone: _____

Sex: _____ Female _____ Male _____ Prefer Not to Share Age: _____
Date of Injury: _____ Time of Injury: _____

Facility

Please indicate where in the facility the accident occurred.

____ Williams Center: Specify: _____
____ Outdoor Facilities: Intramural Fields _____ Tennis Courts _____ Sand Volleyball Courts _____
 Perkins Stadium _____ Starin Park Fields/Courts _____ Lawcon Park Fields/Courts _____
____ University Fitness
____ Other (be specific): _____

Please describe the conditions of facility (be specific):

Injury

Nature of injury – select up to three options

Part of body injured – select up to three options

Side of body: _____ Left _____ Right _____ N/A

Action Taken

911 Called: _____ Yes or _____ No Sent to Hospital: _____ Yes _____ No
Name of Hospital: _____

First Aid Applied: _____ Yes or _____ No
Type of First Aid administered: _____
Select up to three options

Treatment refused? _____ Yes or _____ No Referred to physician or Health Center: _____ Yes or _____ No
Was parent/other notified (if minor)? _____ Yes or _____ No

Other Comments: _____

Continue to next page of form

