## UNC CAMPUS RECREATION INCIDENT REPORT FORM

### GENERAL INFO

- **Date:** Month Day Year
- **Time:** AM PM
- **Facility:**
  - IM Sports
  - Sport Club
  - Fitness
  - OEC / Expedition
  - Special Event
  - Rental Group
- **Category:** Incident
- **Type of Incident or Injury (fight, leg injury):** (Activity, League, Event or Group Name)
- **Was Property or Equipment Damaged?** YES NO Specify:

### VICTIM INFO

- **Name (Print):**
  - (Last Name)
  - (First Name)
  - (M.I.)
- **PID:**
- **Age:**
- **Gender:**
- **University Status:**
  - FR
  - SO
  - JR
  - SR
  - GRAD
  - FAC/STF
  - GUEST
  - Other:
- **Local Address:**
  - (Street Address, Apt #)
  - (City)
  - (State)
  - (Zip)
- **Permanent Address:**
  - (Street Address, Apt #)
  - (City)
  - (State)
  - (Zip)
- **Phone:**
- **Email:**

### WITNESS INFO

- **Witness 1 Name:**
  - (Last Name)
  - (First Name)
  - (M.I.)
- **PID:**
- **Age:**
- **Gender:**
- **W1 Phone:**
- **W1 Email:**
- **Witness 2 Name:**
  - (Last Name)
  - (First Name)
  - (M.I.)
- **PID:**
- **Age:**
- **Gender:**
- **W2 Phone:**
- **W2 Email:**

### EMPLOYEE INFO

- **Employee Name:**
  - (Last Name)
  - (First Name)
  - (M.I.)
- **Employee Signature:**
- **Supervisor’s Notes, Further Action Taken & Recommendations:**

- **Employee Signature:**

- **Date Filed:** Month Day Year
**INCIDENT REPORT CONTINUED...**

<table>
<thead>
<tr>
<th>Action Taken and Treatment Provided:</th>
<th>911</th>
<th>DPS</th>
<th>Sports Med</th>
<th>EHS</th>
<th>Supervisor</th>
<th>Sup. Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who was contacted about Incident?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was treatment for an injury issued by staff?</td>
<td>YES</td>
<td>NO</td>
<td>REFUSED (Signature):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment provided (please circle any that apply):</td>
<td>CPR</td>
<td>AED</td>
<td>ICE</td>
<td>Other (please describe):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further Action Taken (clean-up):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the person transported away from activity?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, where was the person taken?</td>
<td>HOME</td>
<td>DPS</td>
<td>EMERGENCY ROOM</td>
<td>SPORTS MED</td>
<td>STUDENT HEALTH SERVICES</td>
<td>REFUSED TRANSPORTATION</td>
</tr>
<tr>
<td>Description of Incident or Injury:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Injury Details:**

<table>
<thead>
<tr>
<th>Location of Injury On-Person Description:</th>
</tr>
</thead>
</table>

- **Please indicate on chart below, as well:**

**What was the Cause of Injury?**

<table>
<thead>
<tr>
<th>Animal</th>
<th>Chemical</th>
<th>Collision</th>
<th>Cutting Object</th>
<th>Door</th>
<th>Drugs</th>
<th>Electrical</th>
<th>Explosion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>Falling Object</td>
<td>Fight</td>
<td>Fire</td>
<td></td>
<td></td>
<td>Hot Liquid</td>
<td>Kick</td>
</tr>
<tr>
<td>Lifting</td>
<td>Poison</td>
<td>Running into Object</td>
<td>Thrown Object</td>
<td>Weapon</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What was the Nature of the Injury?**

<table>
<thead>
<tr>
<th>Abrasion</th>
<th>Bite</th>
<th>Bruise</th>
<th>Burn</th>
<th>Chip</th>
<th>Choking</th>
<th>Concussion</th>
<th>Cut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dislocation</td>
<td>Drowning</td>
<td>Fracture</td>
<td>Laceration</td>
<td>Poisoning</td>
<td></td>
<td>Puncture</td>
<td>Scald</td>
</tr>
<tr>
<td>Scratch</td>
<td>Seizure</td>
<td>Severed</td>
<td>Shock</td>
<td>Sprain/Strain</td>
<td>Stroke</td>
<td></td>
<td>Wound</td>
</tr>
</tbody>
</table>