

# UNC CAMPUS RECREATION INCIDENT REPORT FORM

G E N E R A L  I N F O	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Month	Day	Year				<b>Category:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Incident</td> <td style="width: 50%;">Injury</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Incident	Injury					
	Month	Day	Year															
	Incident	Injury																
<b>Date:</b>			<b>Type of Incident or Injury (<i>fight, leg injury</i>):</b>															
<b>Time:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;">AM</td> <td style="width: 33%;">PM</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				AM	PM				<b>Facility:</b> <input style="width: 100%;" type="text"/>									
	AM	PM																
<b>Program or Group:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">IM Sports</td> <td style="width: 16.6%;">Sport Club</td> <td style="width: 16.6%;">Fitness</td> <td style="width: 16.6%;">OEC / Expedition</td> <td style="width: 16.6%;">Special Event</td> <td style="width: 16.6%;">Rental Group</td> <td> </td> </tr> <tr> <td colspan="7" style="text-align: right; font-size: small;">(Activity, League, Event or Group Name)</td> </tr> </table>			IM Sports	Sport Club	Fitness	OEC / Expedition	Special Event	Rental Group		(Activity, League, Event or Group Name)							<b>Ct or Field #</b> <input style="width: 100%;" type="text"/>	
IM Sports	Sport Club	Fitness	OEC / Expedition	Special Event	Rental Group													
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<b>Was Property or Equipment Damaged?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YES</td> <td style="width: 33%;">NO</td> <td> </td> </tr> </table>			YES	NO		<b>Specify:</b> <input style="width: 100%;" type="text"/>												
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V I C T I M  I N F O	<b>Name (Print):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> <tr> <td style="font-size: small;">(Last Name)</td> <td style="font-size: small;">(First Name)</td> <td style="font-size: small;">(M.I.)</td> </tr> </table>						(Last Name)	(First Name)	(M.I.)	<b>PID:</b> <input style="width: 100%;" type="text"/>								
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	<b>University Status:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">FR</td> <td style="width: 16.6%;">SO</td> <td style="width: 16.6%;">JR</td> <td style="width: 16.6%;">SR</td> <td style="width: 16.6%;">GRAD</td> <td style="width: 16.6%;">FAC/STF</td> <td style="width: 16.6%;">GUEST</td> <td style="width: 16.6%;">Other: <input style="width: 100%;" type="text"/></td> </tr> </table>			FR	SO	JR	SR	GRAD	FAC/STF	GUEST	Other: <input style="width: 100%;" type="text"/>	<b>Age:</b> <input style="width: 100%;" type="text"/>						
	FR	SO	JR	SR	GRAD	FAC/STF	GUEST	Other: <input style="width: 100%;" type="text"/>										
<b>Local Address:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td style="width: 20%;"> </td> <td style="width: 20%;"> </td> </tr> <tr> <td style="font-size: small;">(Street Address, Apt #)</td> <td style="font-size: small;">(City)</td> <td style="font-size: small;">(State) (Zip)</td> </tr> </table>					(Street Address, Apt #)	(City)	(State) (Zip)	<b>Gender:</b> <input style="width: 100%;" type="text"/>										
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<b>Phone:</b> <input style="width: 100%;" type="text"/>		<b>Email:</b> <input style="width: 100%;" type="text"/>																
W I T N E S S  I N F O	<b>Witness 1 Name:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> <tr> <td style="font-size: small;">(Last Name)</td> <td style="font-size: small;">(First Name)</td> <td style="font-size: small;">(M.I.)</td> </tr> </table>						(Last Name)	(First Name)	(M.I.)	<b>PID:</b> <input style="width: 100%;" type="text"/>								
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	<b>W1 Phone:</b> <input style="width: 100%;" type="text"/>			<b>Age:</b> <input style="width: 100%;" type="text"/>														
	<b>Witness 2 Name:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> <tr> <td style="font-size: small;">(Last Name)</td> <td style="font-size: small;">(First Name)</td> <td style="font-size: small;">(M.I.)</td> </tr> </table>					(Last Name)	(First Name)	(M.I.)	<b>Gender:</b> <input style="width: 100%;" type="text"/>									
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<b>W2 Phone:</b> <input style="width: 100%;" type="text"/>		<b>W1 Email:</b> <input style="width: 100%;" type="text"/>																
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E M P L O Y E  I N F O	<b>Employee Name:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> <tr> <td style="font-size: small;">(Last Name)</td> <td style="font-size: small;">(First Name)</td> <td style="font-size: small;">(M.I.)</td> </tr> </table>						(Last Name)	(First Name)	(M.I.)	<b>Employee Signature:</b> <input style="width: 100%;" type="text"/>								
	(Last Name)	(First Name)	(M.I.)															
<b>Supervisor's Notes, Further Action Taken &amp; Recommendations:</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																		
<b>Employee Signature:</b> <input style="width: 100%;" type="text"/>			<b>Date Filed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Month	Day	Year										
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## INCIDENT REPORT CONTINUED...

**Action Taken and Treatment Provided:**

Who was contacted about Incident? 

911	DPS	Sports Med	EHS	Supervisor
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 Sup. Name:

Was treatment for an injury issued by staff? 

YES	NO
-----	----

 REFUSED (Signature):

Treatment provided (please circle any that apply): 

CPR	AED	ICE
-----	-----	-----

 Other (please describe):

Further Action Taken (clean-up):

Was the person transported away from activity? 

YES	NO
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If so, where was the person taken? 

HOME	DPS	EMERGENCY ROOM	SPORTS MED	STUDENT HEALTH SERVICES
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REFUSED TRANSPORTATION	Signature: <input style="width: 150px;" type="text"/>
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**Description of Incident or Injury:**


**Injury Details:**

Location of Injury On-Person Description:

- Please indicate on chart below, as well:

What was the Cause of Injury?

	Animal	Chemical	Collision	Cutting Object	Door	Drugs	Electrical	Explosion
	Fall	Falling Object	Fight	Fire			Hot Liquid	Kick
		Lifting		Poison	Running into Object	Thrown Object	Weapon	
	Other: <input style="width: 100%;" type="text"/>							

What was the Nature of the Injury?

Abrasion	Bite	Bruise	Burn	Chip	Choking	Concussion	Cut
Dislocation	Drowning	Fracture	Laceration	Poisoning		Puncture	Scald
Scratch	Seizure	Severed	Shock	Sprain/Strain	Stroke		Wound
Other: <input style="width: 100%;" type="text"/>							