

University of Virginia  
Intramural-Recreational Sports  
Accident Report

Office Use Only

Reviewed by \_\_\_\_\_  
Review date \_\_\_\_\_  
Final review by \_\_\_\_\_  
Final review date \_\_\_\_\_

Date \_\_\_\_\_  
Time of incident \_\_\_\_\_  
Time reported \_\_\_\_\_  
Time treated \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Local Address \_\_\_\_\_  
Status:  Student  Faculty  Staff  Guest  Youth  Other  
Student ID/Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

**Nature of Suspected/Stated Injury or Illness:**

- |   |                                      |   |  |  |
|---|--------------------------------------|---|--|--|
| <input type="checkbox"/> abrasion         | <input type="checkbox"/> concussion  | <input type="checkbox"/> foreign object | <input type="checkbox"/> inhalation          | <input type="checkbox"/> scratches     |
| <input type="checkbox"/> amputation       | <input type="checkbox"/> convulsion  | <input type="checkbox"/> fracture       | <input type="checkbox"/> internal bleeding   | <input type="checkbox"/> shock         |
| <input type="checkbox"/> bleeding         | <input type="checkbox"/> cramps      | <input type="checkbox"/> frostbite      | <input type="checkbox"/> laceration          | <input type="checkbox"/> sprain/strain |
| <input type="checkbox"/> bruise/contusion | <input type="checkbox"/> dislocation | <input type="checkbox"/> heart          | <input type="checkbox"/> poisoning           | <input type="checkbox"/> suffocation   |
| <input type="checkbox"/> burn/scald       | <input type="checkbox"/> fainting    | <input type="checkbox"/> heat stroke    | <input type="checkbox"/> puncture/impalement | <input type="checkbox"/> other: _____  |

**Suspected/Stated Part of Body Injured (indicate R for right or L for left):**

- |             |             |               |              |                  |
|-------------|-------------|---------------|--------------|------------------|
| ___ abdomen | ___ elbow   | ___ hand      | ___ neck     | ___ thigh        |
| ___ ankle   | ___ eye     | ___ hip       | ___ nose     | ___ toe          |
| ___ back    | ___ finger  | ___ knee      | ___ pelvis   | ___ upper arm    |
| ___ chest   | ___ foot    | ___ lower leg | ___ shoulder | ___ wrist        |
| ___ ear     | ___ forearm | ___ mouth     | ___ skull    | ___ other: _____ |

**Location of Accident:**

- AFC  Mem Gym  North Grounds  Slaughter  The Park  Carr's Hill Field  
 Other: \_\_\_\_\_  
Specify Area \_\_\_\_\_  
(pool, track, room #, field name/#, court #)

**Activity:**

- IM's \_\_\_\_\_ (sport)  Club Sport \_\_\_\_\_ (club)  Informal \_\_\_\_\_ (activity)  Instructional \_\_\_\_\_ (class)  
 Other (P.E./Athletics, etc.) \_\_\_\_\_

**Details of Accident (Have victim and/or witness describe in own words if possible, attach extra sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Witness Name</u>	<u>Address</u>	<u>E-Mail</u>	<u>Phone #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Immediate Action Taken (first aid given/disposition/other important info., attach extra sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid Refused Signature \_\_\_\_\_  
 Rescue Squad Refused Signature \_\_\_\_\_  
Was Rescue Squad Offered?  Yes  No If no, why not? \_\_\_\_\_  
Method of Transportation Utilized:  Rescue Squad  Private Vehicle  On Foot  Other: \_\_\_\_\_  
First Aid Given By \_\_\_\_\_ Report Filed By \_\_\_\_\_  
Responding Police Officer \_\_\_\_\_ Badge # \_\_\_\_\_