INJURY/ACCIDENT REPORT FORM

Today’s Date: ____________________  Day: __________  Time: ______________

PERSONAL DATA

Name of Injured: ___________________________  Student ID: __________________

Local Address: __________________________________________________________

Local Phone: ___________________________  Sex: ___  Age: ___  DOB: __________

Status: Student_____ Alumni _____ Faculty _______ Staff ____ Spouse _____ Other _______

DETAILS OF ACCIDENT

Time of Accident: _________________  Building/ Court #/ Field # ________________

Sport: ___________________________  Team Name: ___________________________

HOW DID INJURY OCCUR

Specific description of how the injury occurred: (use back if necessary) _________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What care has been provided and what actions have been taken for injury? (Be specific)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Updated Fall 2015
POSSIBLE TYPE OF INJURY

__ Blister __ Contusion __ Fracture __ Puncture __ Strain __ Avulsion __ Concussion
__ Dislocation __ Sprain __ Abrasion __ Laceration Other: ________________________________

SUBSEQUENT ACTION TAKEN

Was participant advised to seek further medical treatment? __Yes __No

Did participant refuse care? __Yes __No

Was the participant advised to discontinue further participation? __Yes __No

Did the participant continue to participate? __Yes __No

Was Campus Security notified?

Time notified? ______ Time responded ______

Name and Badge # of officer__________________________________________________________

Report was prepared by: ___________________________ Job Title: ________________

Witness Name: ___________________________ Witness Phone: _______________ 

Signature of Injured: ___________________________ Date: ______________________

Upon completion of this accident report, please return to the Coordinator of Student Activities and Leadership within 72 hours of the accident. If you do not have a copy, the Coordinator of Student Activities and Leadership will make one for your records.

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