

ACCIDENT REPORT

Updated 05/16
SPORT CLUBS

Individual Filing Report _____
Title _____
Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Police Responded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer Name and Badge # _____

IMPORTANT: This is a legal document. PRINT LEGIBLY, carefully completing all relevant sections on the front and back of this form, providing as much information as possible. Submit completed form to the Sport Clubs Office within 24 hours, or upon return to campus. If being transported, call Rainer (240-506-9353) or Kurt (301-395-3941) as soon as possible after Accident Report is completed.

PERSONAL DATA- Please print in blue or black ink

Last Name _____ First Name _____ UMD ID # _____
 Address _____ City _____ State _____ Zip Code _____
 CELL Phone # _____ Date of Birth _____ Sex M F
 Status: UMD Student Athlete Visiting Student Athlete Guest Other _____

ACCIDENT WITNESSES (put the names and phone numbers of additional witnesses at the bottom of this page):

1. First & Last Name _____ Cell Phone(____) _____
 2. First & Last Name _____ Cell Phone(____) _____

DETAILS OF ACCIDENT

Date of Accident _____ Time _____ am/pm Activity/Sport _____
 Program Area:
 Sport Clubs - Club Name _____ Other _____
 Facility Where Injury Occurred:
 Armory Turf ERC Engineering Fields Fraternity Row SPH Ritchie Chapel
 Off Campus _____ Other _____
 Specific Area in Facility Where Injury Occurred: _____

PART OF BODY INJURED

(Check if applicable) Right Left
 Ankle Arm Back Ear Elbow Eye Face Finger Foot Groin Hand Head Hip
 Knee Leg Mouth Neck Nose Shoulder Toe Torso Wrist Other _____
 DESCRIBE IN GREATER DETAIL (e.g. inside of left ankle, back of right hand, tip of left index finger)

HOW DID INJURY OCCUR (specify events leading to the accident/injury)

Collision with obstacle Collision with participant Collision with playing surface Equipment related
 Non-Contact Unknown Other _____
 DESCRIBE IN DETAIL EXACTLY HOW THE INJURY OCCURRED (as observed or as reported to you by the participant)

 COMMENTS MADE BY INJURED PARTICIPANT (with regard to how the injured part feels, what hurts, any complaints)

SUSPECTED CLASSIFICATION OF INJURY

Concussion Contusion/Bruise Dislocation/Break Laceration Sprain/Strain Unknown Other _____
 Does the participant have a history of injury/surgery that may have contributed to this injury? Yes No
 If yes, participant reported _____

FIRST AID ADMINISTERED BY

Name _____ Daytime Phone (____) _____
 ACTION TAKEN: AED Applied Ice Applied bandage Applied Pressure to Stop Bleeding CPR
 Elevated Kept Immobile Other _____
 DESCRIBE IN GREATER DETAIL

