**The College of New Jersey**

**Department of Recreation and Wellness**

**Accident/Injury Report**

Accident Date: / / Time: am/pm

**Personal Information**

Name: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip: Gender: Age: Birthdate: Status (Circle One): Student Faculty Staff Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Accident:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity of Time of Accident (Check one)**

 Intramural Activity RECreate Your Night Event Group Fitness Class \_\_\_\_\_\_\_ Sport Club Activity Fitness Center Use \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of accident (explain in detail how it occurred)**

**Type and Location of Injury: (ex. Bruise on Left side of lower back)**

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

**Immediate Action Taken:** Initiated First Aid Procedure YES NO Time: \_\_\_\_\_\_\_ am/pm

 Performed CPR YES NO By whom: \_\_\_\_\_\_\_\_\_\_

 Called 911/Campus Police YES NO Time: \_\_\_\_\_\_\_ am/pm

 Cleared the Scene YES NO

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the victim: \_\_\_\_ referred to health services \_\_\_\_ transported to health services by campus police

 \_\_\_\_ transported to hospital by campus police/EMS \_\_\_\_ advised to the hospital

**Refusal of Treatment**

 Injured Participant Refused First Aid Treatment

Injured Participants Signature for refusing first aid treatment: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

**Did the Injured Participant Return to Play?** Yes No

**Witnesses to Incident:**

Name: Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For Office Use Only:

Follow-up Report

Participant Contacted: Date: Time: am/pm Left Message

Status of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee completing follow-up report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_