The University of North Carolina at Greensboro  
Department of Recreation & Wellness  
Accident Report

1) PATRON INFORMATION

<table>
<thead>
<tr>
<th>Patron Name:</th>
<th>Date: / / Time: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Gender:______ UNCG ID#:_____________________</td>
</tr>
<tr>
<td>Status: _____Student _____ Faculty _____ Staff _____ Alumni _____ Guest _____ Spouse _____ Other: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

2) PROGRAM AREA

- [ ] Aquatics
- [ ] Club Sports – Competition or Practice (circle one)
- [ ] Facilities / Special Events
- [ ] Fitness
- [ ] Intramurals
- [ ] Outdoor Adventures
- [ ] Team Quest
- [ ] Other: ____________________________

3) LOCATION

- [ ] Kaplan Center, specific location: ____________________________
- [ ] Recreation Field
- [ ] North Field
- [ ] Piney Lake
- [ ] Other: ____________________________

4) NATURE OF ILLNESS / INJURY (check all that apply)

- [ ] Possible Sprain/Strain
- [ ] Possible Dislocation
- [ ] Bruise / Contusion
- [ ] Abrasion / Scratches
- [ ] Fainting
- [ ] Bleeding
- [ ] Seizure
- [ ] Shock
- [ ] Cut / Laceration
- [ ] Respiratory/Breathing
- [ ] Water emergency
- [ ] Other: ____________________________

5) AREA(s) INJURED (circle all applicable areas)

![Area Diagram]

6) ACTION TAKEN (check one below)

- [ ] Injured refused of care, Recreation & Wellness staff advised participant to seek additional medical attention.
- [ ] Recreation & Wellness staff provided care and the participant remained at site.
- [ ] Recreation & Wellness staff provided care and advised participant to seek additional medical attention.
- [ ] Recreation & Wellness staff provided care and friend/family took participant to seek additional medical attention.
- [ ] Recreation & Wellness staff provided care and EMS was notified and participant refused emergency transport.
- [ ] Recreation & Wellness staff provided care and participant was transported to hospital by EMS.

Revised 10/5/16
7) **INJURY / ACCIDENT DETAILS** (What happened? What did the patron tell you? Be specific and only state facts.)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What assistance did you do to help the injured person (check all that apply)?

☐ Provided ice  ☐ Provided wound care  ☐ Provided wheelchair assistance  ☐ CPR  ☐ AED  ☐ Other:

Note: all staff involved in a Code Red emergency must also complete an Incident Report (one from each staff member).

8) **EMERGENCY RESPONSE LOG**

<table>
<thead>
<tr>
<th>Responders</th>
<th>Time Contacted</th>
<th>Time Arrived</th>
<th>Report #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreation &amp; Wellness Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus Police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Injured Taken to:__________________________________________________________

If injured left with another person, with whom did the injured person leave?__________________________________________________________

9) **PARTIES INVOLVED**

Staff Completing Form Name:________________________________________________ Date:________________

First Responder Name:____________________________________________________ Phone:______________

Witness Name:___________________________________________________________ Phone:______________

Witness Name:___________________________________________________________ Phone:______________

List names of other staff present:__________________________________________

10) **VERIFICATION** (check one below)

☐ I understand that returning to play may result in further injury. I have been advised to, by an employee of Recreation & Wellness, to seek medical attention.

☐ I would like to refuse aid from the Recreation & Wellness staff. I have been advised to, by an employee of Recreation & Wellness, to seek medical attention.

☐ I will discontinue my participation for the day. I have been advised to, by an employee of Recreation & Wellness, to seek medical attention.

Injured Person’s Signature:________________________________________________ Date:__________