

**RECREATION AND WELLNESS
INCIDENT REPORT FORM**

Name of Injured Person _____ Phone _____
Address _____

(Circle One) Student Faculty/Staff Alumni Community

Date of Birth _____ University ID # _____

Date of Accident _____ Time _____ Location _____

Facility Supervisor/Manager on Duty (completing form) _____

Nature of Injury _____

How Did Injury Occur? _____

Action Taken _____

Was Injured Person Sent to Health Center? Yes No Time _____

Were University Police Called? Yes No Time Called _____ Arrived _____

Was Ambulance Called? Yes No Time Called _____ Time Departed _____

1) Witness' Name _____ 2) Witness' Name _____

Address _____

Address _____

City & Zip _____

City & Zip _____

Phone # _____

Phone # _____

Please use back side of this form if additional space is necessary