

Arizona State University – Sun Devil Fitness Complex – Accident/Injury Report

Victim's Name:

Address:

Date: _____ **Time:** _____ am _____ pm

Phone: _____ **Age:** _____

Gender: _____ **ASU ID#:** _____

Status:

Activity: _____ **If other or special event, what event?** _____

Accident/Injury Location: _____ **If other, where?** _____

Action Taken:

If other, please specify: _____

Suspected Type of Injury:

If other, please specify: _____

Location of Injury: _____ **Left** _____ **Right** _____ **Center** _____

If other, please specify: _____

Method of Treatment:

Name of Person Providing Treatment:

Position Title:

Was the Facility Manager called? Yes _____ No _____ **If not, why?** _____

Was 911 Called? Yes _____ No _____

Time called: _____ **Arrival Time:** _____

911 Report #: _____ **Medical Report #:** _____

Transported to:

Description and Cause of the Accident/Injury

Witness Name:

Witness Phone #:

Victim's Signature: