

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

Victim's Name:

Status:

Address:

Date:

Time:

Phone:

Age:

Gender:

ASU ID#:

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:

If other, please specify:

Method of Treatment:

**Name of Person
Providing Treatment:**

Position Title:

Was the Facility Manager called?

If not, why?

Was 911 Called?

Time called:

911 Report #:

Arrival Time:

Medical Report #:

Transported to:

Description and Cause of the Accident/Injury

Witness Name:

Witness Phone #:

Victim's Signature:

FOR RISK MANAGEMENT USE ONLY

Date:

Reviewed by (print):

Signature:

Position:

Was the employee referred to a physician/Student health for follow-up?

Follow-up: