

## **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:**