

## 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:**