



ACCIDENT REPORT FORM

To be completed by Injured/Ill Person (may be completed by a witness if injured/ill person is unable):

Date of Incident _____ Sun Mon Tues Wed Thurs Fri Sat Time _____ AM PM
Name _____ KSU Student Faculty/Staff Member Guest
Address _____ City _____ State _____ Zip _____
Phone _____ Age _____ KSU ID # _____

Specific Location/Address of the Accident or Injury: _____

Specific Program: Aquatics / Climbing / Club Sports / IM / Open Rec / Outdoor Adventures / OwlFit / Other

Sport, Event or Activity: _____

Specific Area of Injury (circle all that apply): Head/Neck/Face Shoulder Upper Arm Elbow Lower Arm
Wrist/Hand Chest Pelvic/Abdominal Back Upper Leg Lower Leg Knee Ankle/Foot Medical (sickness)

Type of Injury (circle all that apply): Abrasion (scrapes) / Burn / Contusion (bruise) / Soft tissue (muscle, tendon, or ligament)
Head Injury / Insect Sting-Bite / Laceration (cut) / Obvious Deformity / Puncture / Other: _____

Complete Description of the Incident

(Be as specific and detailed as possible. If you are not a medical professional, only document what you see, do not diagnose injuries):

Immediate Care Given (ice, Band-Aid, compression wrap, etc.) : _____

Was an ambulance called? YES NO **If YES, did paramedics advise a hospital visit?** YES NO

How/with whom did the injured/ill person leave the facility, field or trip?

I certify that the statements and events outlined in this report are accurate and true. I further understand that any medical treatment required, including an ambulance ride, is the financial responsibility of the injured.

Printed Name of Injured/Ill Person (or witness)

Printed Name of Staff Completing Form

Signature of Injured/Ill Person (or witness)

Signature of Staff Completing Form

Date

Date