

University of Virginia  
Intramural-Recreational Sports  
Accident Report

Office Use Only  
Unit Manager review by \_\_\_\_\_  
Review date \_\_\_\_\_  
Leadership final review by \_\_\_\_\_  
Final review date \_\_\_\_\_

Date \_\_\_\_\_  
Time of incident \_\_\_\_\_ am/pm  
Time reported \_\_\_\_\_ am/pm  
Time treated \_\_\_\_\_ am/pm

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Local Address \_\_\_\_\_  
Status:  Student  Faculty  Staff  Guest  Youth  Other  
University ID/Drivers License# \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

**Location of Accident:**

AFC  Mem Gym  North Grounds  Slaughter  The Park  Carr's Hill Field  
 Other: \_\_\_\_\_  
Specify Area \_\_\_\_\_  
(pool, track, room #, field name/#, court #)

**Activity:**

IM's \_\_\_\_\_ (sport)  Club Sport \_\_\_\_\_ (club)  Informal \_\_\_\_\_ (activity)  Instructional \_\_\_\_\_ (class)  
 Other (P.E./Athletics, etc.) \_\_\_\_\_

**Details of Accident (Have victim and/or witness describe in own words if possible, attach extra sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Witness Name</u>	<u>Address</u>	<u>E-Mail</u>	<u>Phone #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Immediate Action Taken (first aid given/disposition/other important info., attach extra sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid Refused Signature \_\_\_\_\_  
 Rescue Squad Refused Signature \_\_\_\_\_  
Was Rescue Squad Offered?  Yes  No If no, why not? \_\_\_\_\_  
Method of Transportation Utilized:  Rescue Squad  Private Vehicle  On Foot  Other: \_\_\_\_\_  
First Aid Given By \_\_\_\_\_ Report Filed By \_\_\_\_\_  
Responding Police Officer \_\_\_\_\_ Badge # \_\_\_\_\_