

and I require no further assistance.

Signature:

Accident Report Form

Date: Time: am/pm

Date:	Time of Injury:	am/pm	Time Notified:	am/pm		
Injured Person's Name:		92#:		DM DF	D.O.B.:	:/ <u>/</u>
Local Address:			Phone:			
Status: Student Face			Injured Person's Sig	nature:		
Location of Accident				Program	Area:	
Indoor Facilities			oor Facilities	☐ Informa		
CRC: Gyms	Reid: D Pool		rmuda Field	□ Intramu	rals	
☐ Track	□ 1" Floor		mp Lab Fields	Clubs		
☐ Fitness Floor ☐ Climbing Wall	□ 2 ^{tot} Floor		CU Stadium rton Field	Group 2		
Studio 1 or 2, speci	there.		nd Practice Field	□ Special		
Other:	-3-		her:	Other:		
Description of Accident:_						
Body Fluid Spill: D Y	ES – See back side	□ NO	Was 911 Called: I		Continue on by back side	
		□ NO	Was 911 Called: I			
Action Taken by CRW Emp	ployee	33. U.S.	Was 911 Called: I	□ YES – See	back side	п мо
Action Taken by CRW Emp ☐ Administered CPR	ployee	☐ Ice ☐ Bandag	e(s) 🗆 Athletic Tape	□ YES – See	back side	п мо
Action Taken by CRW Emp Administered CPR Administered AED	ployee ☐ First Aid Care: ☐ Additional Care:	□ Ice □ Bandage	e(s) 🗆 Athletic Tape	☐ YES – Sec	back side	□ NO
Action Taken by CRW Emp Administered CPR Administered AED	ployee ☐ First Aid Care: ☐ Additional Care: Check Pa	□ lee □ Bandage	e(s) 🗆 Athletic Tape	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Action Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury	ployee ☐ First Aid Care: ☐ Additional Care: Check Par	lee Bandage	e(s)	☐ Splimt ☐ O	back side	□ NO
ferion Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise	ployee ☐ First Aid Care: ☐ Additional Care: Check Pan ☐ Head	lee Bandage rt of Body Injured L. R.	L R	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Administered CPR Administered AED Cossible Nature of Injury Bruise Dislocation	Ployee First Aid Care: Additional Care: Check Par	rt of Body Injured R Hand	L R	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Action Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture	Ployee First Aid Care: Additional Care: Check Part Head Face Neck	rt of Body Injured R Hand Hand Wrist	L R Goet Garden	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Action Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture Cut	Playee First Aid Care: Additional Care: Check Part Head Face Neck Chest	rt of Body Injured R Hand Hand Forearm	L R Foot Ankle Shin Knee	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Body Fluid Spill: 4ction Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture Cut Sprain	Playee First Aid Care: Additional Care: Check Part Head Face Neck Chest Back	rt of Body Injured L. R Hand Wrist Forearm Elbow Upper Arm	L R Foot Ankle Shin Rev Hamstring	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
ferion Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture Cut Sprain	Ployee First Aid Care: Additional Care: Check Particle Head Discounting Check Discounting Check Discounting Chest Discounting Discounting Chest Discounting Discounting Chest Discounting Discounting Chest Chest Discounting Chest Che	rt of Body Injured R Hand Hand Forearm	L R Foot Ankle Shin Knee	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Action Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture Cut Sprain	Check Par Check Par Check Par Check Par Check Par Check D Ch	lee Bandage rt of Body Injured R Hand Wrist Forearm Elbow Upper Arm Shoulder	L R	☐ Splimt ☐ O	back side ther: an "X" on E	□ NO
Action Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture Cut Sprain Strain Other:	Playee First Aid Care: Additional Care: Check Particle Check Particle Check Check	rt of Body Injured R Hand Wrist Forearm Elbow Upper Arm Shoulder Ribs Pelvis	L. R. Goot Grant Shin Guardricep Groin	□ Splimt □ O	ther:	□ NO
Action Taken by CRW Emp Administered CPR Administered AED Possible Nature of Injury Bruise Dislocation Fracture Cut Sprain	Ployee First Aid Care: Additional Care: Check Part Head Face Neck Chest Back Finger Abdomen Toe	rt of Body Injured R Hand Wrist Forearm Elbow Upper Arm Shoulder Ribs Pelvis	L R Foot Ankle Shin Hamstring Quadricep Groin Other:	□ Splimt □ O Put 1 r, ambulance/):	ther:	□ NO

Example Of A Accident Report

Michael Seilmaier

Example	Of A	Accident	Report:	
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