

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 <sup>tot</sup> 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**

Jin-Ying Zhang

Example	Of A	Accident	Report:	
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