

Date _____
Time of incident _____ am/pm
Time reported _____ am/pm
Time treated _____ am/pm

Virginia Recreation Accident Report

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

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>
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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 # _____