LOYOLA MARYMOUNT UNIVERSITY
CAMPUS RECREATION
ACCIDENT REPORT

NAME: ______________________________ SOC. SEC.#: XXX - XX - ______

ADDRESS: ______________________________ GENDER: M / F

PHONE: ( ) - ______ ZIP CODE: ________ AGE: _____

DATE & TIME OF ACCIDENT	DATE & TIME OF ACCIDENT REPORTED	STATUS OF AFFILIATION
DAY: Sn M T W R F St	**DAY:** Sn M T W R F St	Student: F SP J SR GRD
DATE ________	DATE ________	Faculty ___
TIME ________ am./pm.	TIME ________ am./pm.	Staff ___
		Guest of : ____________
		Other: ____________

NATURE OF SUSPECTED INJURY OR ILLNESS

__ Abrasion	__ Convulsion	__Heat Exhaustion	__ Puncture
__ Bleeding	__ Cramps	__Stroke	__ Shock
__ Bruise/ Contusion	__ Dislocation	__Inhalation fumes	__ Sprain
__ Burn/ Scald	__ Fainting	__Inhalation gases	__ Strain
__ Choking	__ Fracture	__Internal Injury	__ Suffocation
__ Concussion	__ Heart Attack	__Laceration	__ Other

PART OF BODY INJURED

__ Generalized	__ Chest		__ Finger 1 2 3 4 5 L R
__ Skull/ scalp	__ Abdomen		__ Hip
__ Eye	__ Back		__ Thigh
__ Ear	__ Pelvis		__ Knee
__ Nose	__ Shoulder		__ Lower Leg
__ Mouth	__ Upper Arm	L R	__ Ankle
__ Tooth	__ Elbow	L R	__ Foot
__ Jaw	__ Forearm	L R	__ Toe 1 2 3 4 5 L R
__ Neck	__ Wrist	L R	__ Other ____________
__ Spine	__ Hand	L R	

IMMEDIATE ACTION TAKEN: (DISPOSITION/ ADVICE/ OTHER IMPORTANT INFORMATION)

___ Treatment Refused

___ First-Aid (Describe fully): ____

____

____

____

Signature of Injured ______________________

(over)

TRANSPORTATION PROVIDED

___ None (Left on their own): ____

___ Taken to Health Center by: __ Self __ Individual/ Friends __ Public Safety

___ Taken to:______________________ Hospital by:
- __ Self
- __ Individual/ Friends
- __ Public Safety
- __ EMT

LOCATION OF ACCIDENT

___ Court 1
___ Court 2
___ Backcourt
___ Fitness Center
___ Front Lobby
Games Area
Hallway
___ Activity Studio 1
___ Activity Studio 2
___ Pool
___ Hannon Field
___ Leavey Field
___ Locker Room M W
___ Other: ________________

PROGRAM/ ACTIVITY

Informal Recreation: ____________________

Intramural Sports: ____________________

Sports Club: ____________________

Other:

DETAILS OF ACCIDENT: (Describe the actual occurrence and conditions in detail; including environmental, physical factors which may have contributed to the injury).

REPORT COMPLETED BY: ________________________

POSITION: SS MOD S LG IM

PHONE NUMBER: (   )   -

WITNESS:

	Status	Phone
1 ____________________	Status ____________________	Phone ( ) -
2 ____________________	Status ____________________	Phone ( ) -
3 ____________________	Status ____________________	Phone ( ) -

POST ACCIDENT INFORMATION DATE ___ -___ - ___ TIME:______ am/ pm

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Reviewing Manager: ________________ Date: ______ Director: ______________ Date: _____