University Recreational Sports Department
Incident Report Form

All injuries, accidents, and disciplinary incidents are to be reported immediately. An Incident Report Form must be filled out when any injuries are sustained, ***even if medical action is not taken****.*

THIS FORM MUST BE TURNED INTO THE URS OFFICE IMMEDIATELY (DUC 206)

Injured Person: _____ **Male** ☐ **Female** ☐ **ID #**_____

Local Address: _____ **Phone:** (____)_____

Permanent Address: _____

Date of Incident: _____/_____/_____ **Time:** _____ AM or PM

Place of Incident (Berg, Quandt, Intramural Field, Other): _____

Describe in detail the events, actions, and conditions which contributed to the incident: _____

_____

_____

_____

Check all that apply:

☐ Security called by: _____ ☐ Ambulance called by: _____

☐ Taken to hospital by: _____ ☐ Taken to Health Services by:_____

☐ Refused medical help, **Injured Person's Signature**: _____

Details of Action Taken (be specific): _____

_____

WITNESS

Name: _____ **Phone:** (_____)_____

Address: _____ **(Student, Staff, Guest, Other):** _____

Incident Comments/Observations/Contributing factors: _____

_____

Report completed by: _____ **Date:** _____/_____/_____

If injured party is an employee, Workers Compensation forms (WCK12, UWS/OSLP-1EMP, UWS/OSLP-2) must be completed and forwarded to Safety and Loss Control (#3901), 101 George Stein Bldg. within 7 days of accident.