



Purchase College Department of Athletics



Accident Report Form

Injured Person's Full Name*: _____ Date/Time of Injury: _____

Status of Injured Person (circle): Student Faculty/Staff Visitor Security Officer Other: _____

Local Address: _____ Phone: _____

Home Address: _____ Phone: _____

**If more than one person injured, enter in narrative below.*

Body Part Injured (circle one only,

most serious):

Other: _____

Abdomen	Ankle	Arm	Back	Chest	Elbow
Eye	Face	Finger	Foot	Hand	Head
Hip	Knee	Leg	Lip	Nose	Shoulder
Spine	Teeth	Thigh	Toes	Trunk	Wrist

Type of Injury: (circle one only):

Other: _____

Abrasion	Amputation	Bruise	Burn	Burn(Chem)	Elbow
Concussion	Dislocation	Cut	Fracture	Laceration	Puncture
Swelling	Sprain	Strain	Broken Tooth		

If Physical Injury, extent: Minor / Major / Mild If Physical Injury, nature: Temporary / Permanent

Medical Assistance Rendered: First Aid by Staff / Health Services / Hospital / Ambulance / Other:

Was injured in authorized area?: Y / N Did person reporting injury witness incident? Y / N

Name of Person Reporting Incident: _____ Phone: _____

Address: _____ Email: _____

Status of Person Reporting Incident: Faculty Staff Other: _____

Where did incident occur?: _____

Cause of Incident?: Unsafe Condition / Unsafe act / both / Unkown

Was the incident: Athletic Related / Academic Related / Job Related / Other: _____

Narrative: Only give brief description of who, what, when, where, how, etc. If require more space, please use back of form:

Witness: Name: _____ Address: _____ Phone: _____

Witness: Name: _____ Address: _____ Phone: _____

Was Parent or other indiv. notified? Y / N Name: _____ By Whom?: _____

Reporter's signature: _____ Supervisor's Signature: _____