

**EMPORIA STATE UNIVERSITY
RECREATION SERVICES
ACCIDENT REPORT FORM**

Sport Club _____ Report Date _____
Name _____ Birth Date _____
Emporia Address _____ Emporia Phone _____
Home Address _____ Home Phone _____
Date of Injury _____ Time of Injury _____ Gender: M F

Status at the time of Accident:
_____ Fr _____ So _____ Jr _____ Sr _____ Grad _____ Visitor _____ Faculty _____ Staff _____

Were you on duty as a college employee at the time of accident?
_____ Yes _____ No

Specific Location of the Accident _____

Activity engaged in at the time of accident _____

Describe the accident (include device, machines, material, or condition involved). Describe activity engaged in at time of accident.

Where was the injured party taken?

How was injured party transported? (Private car, campus patrol, ambulance, or other)

Was the injured party taken to a doctor? _____ Yes _____ No

Doctor's Name _____
Signature of the injured party _____
Signature of supervisor / instructor _____
Signature of person filling in this form _____

(If different from above)
Name of witnesses: _____

Statement of Emporia State University Health Center, if necessary:

Signature _____
Date _____