



HWC Facilities Campus Recreation ACCIDENT REPORT FORM

DAY/DATE: _____ **TIME:** _____ am/pm

All accidents are to be reported immediately

Must be Completed Person Filing the Report

Name of injured person (*please print*): _____

Local Address: _____ Phone: _____

Status: Student Faculty/Staff Guest Other _____

Brief Description of Accident (*What happened? Location? Injuries... etc*)

What **Immediate Action** was taken to treat the injured person(s)?

Campus Safety Contacted? Yes No Arrival Time: _____

911/Ambulance Called? Yes No Arrival Time: _____

Follow Up Action Taken:

WITNESS(ES):

Name: _____ Phone: _____ Relationship to Injured: _____

Name: _____ Phone: _____ Relationship to Injured: _____

Please Complete (if possible)

By signing below, I acknowledge that I was offered assistance for the injury sustained; however, I may have refused or declined first aid/treatment at this time.

Signature of Injured: _____ **Date:** _____

Submitted By (Employee Name): _____ **Date:** _____

Follow Up Comments: (*completed by Campus Safety, Campus Recreation Director, or other*)