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)