

**OLD DOMINION UNIVERSITY
RECREATIONAL SPORTS DEPARTMENT
INCIDENT REPORT FORM**

1. TYPE OF ACTIVITY: OPEN-REC INTRAMURALS SPORT CLUBS FITNESS
(PLEASE CIRCLE)

2. DATE OF INCIDENT: _____ TIME OF INCIDENT : _____

3. LOCATION OF INCIDENT: _____

4. PERSON(S) INVOLVED:

NAME: _____

NAME: _____

UIN#: _____ SEX: M/F AGE: _____

UIN#: _____ SEX: M/F AGE: _____

UNIV. AFFILIATION: _____

UNIV. AFFILIATION: _____

LOCAL PHONE: _____

LOCAL PHONE: _____

LIST ADDITIONAL ON BACK IF NECESSARY

PUBLIC SAFETY NOTIFIED: YES/NO

TIME NOTIFIED: _____

TIME RESPONDED: _____

EMS RESPOND: YES/NO

IMMEDIATE ACTION TAKEN: CPR/FA

REFERRED TO STUDENT HEALTH

BY: _____

METHOD OF TRANSPORTATION:

AMBULANCE

PUBLIC SAFETY

PRIVATE VEHICLE (SEE BELOW)

DID THE VICTIM REFUSE ATTENTION?(REASON): _____

OFFICER'S SIGNATURE: _____ N/A

VICTIM'S SIGNATURE: _____ N/A

DRIVER'S INITIALS: _____

VICTIM'S INITIALS: _____

5. DESCRIBE THE INCIDENT IN COMPLETE DETAIL (E.G. TELL WHAT HAPPENED - TO BE FILLED OUT BY INDIVIDUAL IN CHARGE):

6. NAME, ADDRESS AND PHONE # OF WITNESS(ES):

7. I HAVE READ THE ABOVE REPORT THOROUGHLY AND ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

REPORT PREPARED BY: _____
PRINT NAME POSITION

SIGNATURE

8. REPORTS ATTACHED: ACCIDENT REFUSAL OF MEDICAL ATTENTION
 EJECTION INTRAMURAL PROTEST

ADDITIONAL NAME(S) OF PERSON(S) INVOLVED IN INCIDENT:

NAME: _____

NAME: _____

UIN#: _____ SEX: M/F AGE: _____

UIN#: _____ SEX: M/F AGE: _____

UNIV. AFFILIATION: _____

UNIV. AFFILIATION: _____

LOCAL PHONE: _____

LOCAL PHONE: _____

RESOLUTION/ DISPOSITION

CONTACTED VICTIM: YES/NO DATE: _____ TIME: _____

MEETING: YES/NO DATE: _____ TIME: _____

COMMENTS: _____

DATE COMPLETED: _____

FORM(S) SUBMITTED TO: _____

RECEIVED BY: _____

DATE RECEIVED: _____