

OLD DOMINION UNIVERSITY
RECREATIONAL SPORTS DEPARTMENT

ACCIDENT REPORT FORM

Type of Activity: (Please Circle)

OPEN-REC

INTRAMURALS

SPORT CLUBS

FITNESS

Person Injured _____ UIN #: _____

Date of Incident: _____

School Address _____ Contact Number _____

Emergency Contact: _____ Contact Number _____

University Affiliation: _____ Gender _____ Age: _____

Time Accident Occurred: _____ (am/pm) Location of Accident: _____

Individual in charge at time of accident: _____

Nature of Accident and First Aid Administered: _____

Description of Accident (How did it occur? What was the person doing? Where was the person? List any unsafe conditions at the time of the accident.):

Witness at the scene of the accident: _____

Final disposition of the case: _____

Signed: _____
Department Director Person Reporting

**COMPLETE AND FILE WITH THE DIRECTOR OF RECREATIONAL SPORTS
IMMEDIATELY AFTER ACCIDENT HAS OCCURRED**

