



Campus Recreation
10501 FGCU BLVD South
Fort Myers, FL 33965
239-590-7935

Accident Report Form

Date of Reported Incident: _____ Time of Incident: _____ AM PM

Personal Data—Injured Party

Name: _____ Age: _____ Gender: Male Female

Address: _____ City _____ State _____ Zip _____

Phone Number(s): Home: _____ Work: _____

Family Contact (Name and Phone number): _____

Incident Data

Location of Incident: _____

Description of Incident: _____

(Use back of White Copy if more space needed)

Witnesses

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Care Provided:

Did victim receive medical attention by staff? Yes No If No, why? _____

If yes, name of staff that provided care: _____

Describe in detail care given: _____

Was 911/1911 called? Yes No If yes, by whom? _____

Time EMS called: _____ AM PM

Did victim get transported to an emergency facility? Yes No If no, why? _____

If yes, where was victim transported? _____

If the victim is a minor – Were the minor's parents contacted (if not present)? Yes No

Report Prepared By:

Name: _____ Position: _____

Signature: _____ Date: _____

Victim Status Verified By (to be completed as a courtesy follow-up):

Name: _____ Date/Time: _____

Comments: _____