**Individual Involved Information**

| Name (First and Last): | WSU ID Number (if applicable): | Phone Number: | Date of Birth: |
|------------------------|-------------------------------|---------------|----------------
|                        |                               |               | ___/___/___     |

- [ ] Male  
- [ ] Female  
- [ ] Other  
- [ ] Student  
- [ ] Non-Student  
- [ ] Participant  
- [ ] Volunteer  
- [ ] Spectator  
- [ ] Employee  
- [ ] Youth

**General Accident/Incident Information**

<table>
<thead>
<tr>
<th>Facility Location (Example: SRC “Court Number”):</th>
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<tbody>
<tr>
<td>Date: <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Time: ______ AM/PM</td>
</tr>
<tr>
<td>Program Area:</td>
</tr>
</tbody>
</table>
| - [ ] Aquatics  
| - [ ] Challenge  
| - [ ] Climbing Wall  
| - [ ] Fitness & Instruction  
| - [ ] Intramural Sports  
| - [ ] Open Rec  
| - [ ] ORC Trip  
| - [ ] Personal Training  
| - [ ] Sport Club  
| - [ ] Youth Programs  
| - [ ] Other  |

**Type of Activity that Caused Injury:**

SAMPLE (For Suspected Physical Injuries)

- [ ] Headache or “pressure” in head  
- [ ] Double or blurry vision  
- [ ] Sensitivity to light or noise  
- [ ] Feeling sluggish, hazy, foggy, or groggy  
- [ ] Nausea or vomiting  
- [ ] Concentration or memory problems  
- [ ] Balance problems or dizziness  
- [ ] Just not “feeling right” or is “feeling down”  
- [ ] Confusion  
- [ ] Can’t recall events prior to hit or fall  
- [ ] Moves clumsily  
- [ ] Loses consciousness (even briefly)  

**Description of Injured Body Part(s) (ex: Left Ankle or Right Thumb):**

- [ ] Last oral intake:  
- [ ] Events Leading Up to the Incident:  

**Description of Treatment Given:**

- [ ] Ambulance Called:  
  - [ ] Yes  
  - [ ] No  
  - [ ] Did patient Request Ambulance?:  
    - [ ] Yes  
    - [ ] No  
  - [ ] If ambulance was called:  
    - [ ] Patient was only assessed by EMT (no transport)  
    - [ ] Patient was treated and transported  
    - [ ] Patient declined treatment  
- [ ] Did person continue to participate:  
  - [ ] Yes  
  - [ ] No  
  - [ ] Was disposal of biohazard required?  
    - [ ] Yes  
    - [ ] No  
  - [ ] Is a follow up recommended?  
    - [ ] Yes  
    - [ ] No  

**Emergency Services Called:  
- [ ] Yes  
- [ ] No  
**

- [ ] If so, who?:  
  - [ ] Fire  
  - [ ] Police  
  - [ ] Other  

**Item(s) Used from Med Kit (Band Aid, Gauze, etc.):**
Witness Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
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</table>

Primary Responding Staff Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Staff WSU ID Number:</th>
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<table>
<thead>
<tr>
<th>PHONE NUMBER:</th>
<th>EMAIL ADDRESS:</th>
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STAFF SIGNATURE:

Additional Information

Please write a detailed description of the incident - **If extra space is needed, please attach another sheet of paper**

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Follow up/Action Taken by Department Manager

☐ Near Miss (an unplanned event that did not result in injury, illness, or damage but had the potential to do so)

Form reviewed by:
Manager: ________________________ Date: ____/____/_______
Assistant Director: ________________ Date: ____/____/_______
Risk Management Committee: ________________ Date: ____/____/_______