University of Mary Washington Campus Recreation
Injury Report

INCIDENT INFORMATION

Report Date: ________________ Incident Date: ________________

Location: ________________ Incident Time: ________________ AM □ PM □

INCIDENT LOCATION

☐ Fitness Center  ☐ Campus Rec Field  ☐ Goolrick Hall  ☐ Hanover Rec Field

☐ Off campus: _______________________

VICTIM INFORMATION

Name: ________________________ UMW ID #: ________________________

Campus Phone: ________________________ Cell Phone: ________________________

Local Address: ______________________________________________________

Gender: ☐ Female  ☐ Male  Age: _______

Classification: ☐ Student  ☐ Faculty  ☐ Staff  ☐ Guest

WITNESS INFORMATION

Name: ________________________ Relationship to victim: ________________________

Campus Phone: ________________________ Cell Phone: ________________________

Local Address: ______________________________________________________

Classification: ☐ Student  ☐ Faculty  ☐ Staff  ☐ Guest

SUSPECTED NATURE OF THE INJURY

Check any and all that apply

☐ Allergic reaction  ☐ Concussion  ☐ Fracture

☐ Breathing difficulty  ☐ Contusion (bruise)  ☐ Heart problem

☐ Bleeding  ☐ Dislocation  ☐ Strain (muscle)

☐ Other: ________________________  ☐ Sprain (ligament/tendon)
### SPECIFIC INJURY LOCATION
Check any and all that apply  LEFT or RIGHT

- Arm (lower)
- Arm (upper)
- Back
- Cheek
- Chest
- Ear
- Elbow
- Eye
- Finger
- Foot
- Hand
- Head
- Heart
- Knee
- Leg (lower)
- Leg (upper)
- Mouth
- Neck
- Nose
- Teeth
- Toe
- Other: __________________________

### INCIDENT DESCRIPTION
Please describe in detail the events which lead to the injury

### IMMEDIATE ACTION
Please describe the immediate care provided to the victim

First Aid Care Given:  □ YES  □ NO  Responder name: ________________________

Public Safety Called:  □ YES  □ NO  Responding officer: ____________________

Sent to Health Center:  □ YES  □ NO  Transported by: ____________________

Sent to Hospital:  □ YES  □ NO  Transported by: ____________________

Other Action: ____________________________

### FOLLOW-UP INFORMATION

Club Officer Completing Form: ____________________________ Date: ________________

Campus Recreation Follow-up: ____________________________ Date: ________________