

# BSU SPESES ACCIDENT REPORT

Name of Victim: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm

Phone # of victim: Home ( ) - Work ( ) -

SS # of victim: \_\_\_\_\_ email address: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Status: Student ( ) Faculty/Staff ( ) Spouse/Dependent ( ) Alumni ( ) Other ( )

Campus Police Notified (5-1111) no \_\_\_ yes \_\_\_ time: \_\_\_\_\_ Name of Officer: \_\_\_\_\_

### Location of Accident:

**Irving Gym Complex**

- ( ) Main Floor
- ( ) Court 1
- ( ) Court 2
- ( ) Court 3
- ( ) Gym 2
- ( ) Court 1
- ( ) Court 2
- ( ) Balcony
- ( ) Fitness Rm
- ( ) Instruc. Fitness
- ( ) Field Sports Building
- ( ) Track
- ( ) Courts
- ( ) Worthen Arena
- ( ) Martial Arts Rm (108)
- ( ) Gymnastics
- ( ) Dance Studios B C D
- ( ) Lewellen Pool
- ( ) Racquetball Courts
- ( ) Other \_\_\_\_\_

**Ball Gym**

- ( ) Main Floor
- ( ) Court 1
- ( ) Court 2
- ( ) Court 2
- ( ) Track
- ( ) Fitness Rm
- ( ) Rm 125
- ( ) Rm 019
- ( ) Dance Studios
- ( ) Other \_\_\_\_\_

**Outdoor Facilities**

- ( ) Heath Farm Fields
- ( ) Lafollette Field
- ( ) Bethel Fields
- ( ) Anthony Fields
- ( ) West Campus Field/ Shelter
- ( ) Woodworth Tennis
- ( ) Lucina Tennis
- ( ) Cardinal Creek Tennis
- ( ) Benadum Woods/ Shelter
- ( ) Other: \_\_\_\_\_

Activity: ( ) Instructional ( ) Other, please explain:

Describe specific activity/sport: \_\_\_\_\_

**If the victim refuses attention by the instructor, they must read and sign this statement:**

I have been advised that I may have a medical condition(s) which may require an examination by a doctor, and I refuse such medical care and or advice as has been rendered by the School of Physical Education personnel. OR I do not believe a medical emergency exists and I require no further assistance.

Signature of victim: \_\_\_\_\_ Date: \_\_\_\_\_

**Action Taken:**

( ) First Aid/CPR ( ) Referred to Health Center ( ) Referred to Hospital

**Method of Transportation:**

( ) Ambulance ( ) BSU Health Transportation Van ( ) Walked

**Part of the Body Injured:**

Please put a (x) on the appropriate body diagram: Front: Rear:

- |             |     |     |             |     |     |              |     |     |                 |
|-------------|-----|-----|-------------|-----|-----|--------------|-----|-----|-----------------|
| ( ) Abdomen | R   | L   | ( ) Elbow   | R   | L   | ( ) Knee     | R   | L   | ( ) Upper Arm   |
| ( ) Back    | ( ) | ( ) | ( ) Finger  | ( ) | ( ) | ( ) Pelvis   | ( ) | ( ) | ( ) Wrist       |
| ( ) Face    | ( ) | ( ) | ( ) Foot    | ( ) | ( ) | ( ) Quads    | ( ) | ( ) | ( ) Ankle       |
| ( ) Head    | ( ) | ( ) | ( ) Forearm | ( ) | ( ) | ( ) Ribs     | ( ) | ( ) | ( ) Hamstring   |
| ( ) Neck    | ( ) | ( ) | ( ) Groin   | ( ) | ( ) | ( ) Shin     | ( ) | ( ) | ( ) Toe         |
| ( ) Throat  | ( ) | ( ) | ( ) Hand    | ( ) | ( ) | ( ) Shoulder | ( ) | ( ) | ( ) Other _____ |

**Detailed description of the accident including how the injury occurred and the first-aid that was given:**

---

---

---

---

---

---

---

---

---

---

**Witness #1**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Witness #2**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

This Report Completed By: \_\_\_\_\_  
 Signature of above: \_\_\_\_\_  
 Victim's Signature: \_\_\_\_\_

Return completed report to SPESES Room HP 218  
 SPESES Safety Officer INT: \_\_\_\_\_ Date \_\_\_\_\_  
 CC: SPESES Chair, File, RM as needed