

SUNY at STONY BROOK  
DEPARTMENT OF CAMPUS RECREATION

Accident Report  
(Please print and complete all questions)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sex:   M  F

Status:              Student     Faculty     Staff     Alumni     Other

Activity: \_\_\_\_\_

Location of Accident (be specific to location and exact area): \_\_\_\_\_

Area of Injury (check all that apply):

<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Leg	<input type="checkbox"/> RT	<input type="checkbox"/> Left
<input type="checkbox"/> Face	<input type="checkbox"/> Back	<input type="checkbox"/> Knee	<input type="checkbox"/> RT	<input type="checkbox"/> Left
<input type="checkbox"/> Nose	<input type="checkbox"/> Ear	<input type="checkbox"/> Ankle	<input type="checkbox"/> RT	<input type="checkbox"/> Left
<input type="checkbox"/> Mouth	<input type="checkbox"/> Eye	<input type="checkbox"/> Toe	<input type="checkbox"/> RT	<input type="checkbox"/> Left
<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist	<input type="checkbox"/> Shoulder	<input type="checkbox"/> RT	<input type="checkbox"/> Left
<input type="checkbox"/> Chest	<input type="checkbox"/> Finger	<input type="checkbox"/> Groin	<input type="checkbox"/> RT	<input type="checkbox"/> Left

Other (be specific): \_\_\_\_\_

Describe How Injury Happened (be specific): \_\_\_\_\_

Did the victim refuse attention:   Yes   No

Reason: \_\_\_\_\_

Describe First Aid Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was Campus Police called?  Yes  No Time called: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Time Arrived: \_\_\_\_\_

If yes describe action taken by Campus Police: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was Ambulance Called?  Yes  No Time called: \_\_\_\_\_

Time Arrived: \_\_\_\_\_

Where is the injured being transported to? \_\_\_\_\_

\_\_\_\_\_

Signature of Person completing Form \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**Office use Only**

Follow up report on victim's progress made by (Print Name): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person talked to: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_