

Incident & Injury Report Form

Date: _____ Time: _____ Location: _____ Sport: _____

Injured Person: _____ Student ID #: _____
(Last) (First) (M.I.)

Local Address: _____

Permanent Address: _____

Date of Birth: _____ Phone: (____) _____ - _____

Injury Information

Part of Body Injured (*please be specific*): _____

Side of Body Injured (*indicate left/right, front/back, top/bottom*): _____

Type of Injury (*i.e. sprain, fracture, laceration, concussion*): _____

Detailed description of how the injury occurred: _____

Response Information

Yes No Was care provided to the injured person?
If yes, what care was provided? (*Be specific.*) _____

If yes, who provided care? _____

If the injured person refused care, please have them sign below acknowledging refusal.

Signature: _____

Yes No Was emergency medical personnel called to the scene?
If yes, who? _____
If yes, was the injured individual transported? _____
Where were they transported to? _____

Yes No Was the injured person advised to seek further medical treatment?

Yes No Was the injured person advised to discontinue participation after the incident?

Yes No Did the injured person continue to participate after the incident?

Yes No Was Wittenberg University Dispatch and the Dean-on-Duty contacted in regards to the incident?
If no, why not? _____

Yes No Did you see the injured person leave the facility?
If so, who were they accompanied by? _____

Witnesses to Injury:

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Report Filed By:

Name: _____ Phone: (____) _____ - _____

Signature: _____ Title: _____ Date: _____