

Recreation Services
 University Park RC 101
 Miami, FL 33199
 (305) 348-2951
 fax (305) 348-1567

ACCIDENT/INCIDENT REPORT

Date: _____ Time: _____ am Accident
 pm Incident

Name:	SSN:	Date of Birth:	Age:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Member/Spouse <input type="checkbox"/> Guest
Address	City:	State:	Zip:	
Phone:	Other:	Signature:		
Name:	SSN:	Date of Birth:	Age:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Member/Spouse <input type="checkbox"/> Guest
Address:	City:	State:	Zip:	
Phone:	Other:	Signature:		

Describe Incident/How Injury Occurred
 (add pages as needed)

- Aerobics
- Field
- PA
- Pool
- Racquetball
- RC
- Softball
- Sport Club
- Stadium
- Tennis Ctr.
- Other

Injury:	<input type="checkbox"/> Ankle/Foot/Leg	<input type="checkbox"/> Arm/Hand	<input type="checkbox"/> Left	Incident:	<input type="checkbox"/> Harassment/Threat	<input type="checkbox"/> Physical Altercation
	<input type="checkbox"/> Back/Torso	<input type="checkbox"/> Head/Face	<input type="checkbox"/> Right		<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism/Damage
	<input type="checkbox"/> Other: _____				<input type="checkbox"/> Other: _____	

Action Taken/First Aid Given:
 (add pages as needed)

Supervisor: _____ Signature: _____

Was Public Safety Called:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responding Officer:	Case #	
Was Fire/Rescue Called:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Anyone Transported to the Hospital:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who:	By whom:	

FOR OFFICE USE ONLY

Follow Up:	Date:
_____	_____
_____	Staff:
_____	_____
_____	Signature:
_____	_____