

# CSUSM Campus Recreation – ACCIDENT/INCIDENT REPORT *Keep a copy of this form for 3 years*

<b>A</b> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Name of Injured or Claimant: _____ Phone: (____) _____ - _____ Address: _____ Age: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Other :										
<b>B</b> Date and time occurred: ____/____/____ ____:____ am pm EMS or University Police (#4567) requested? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, contact your Program Supervisor immediately!</b>										
<b>C</b> Location where accident/incident occurred:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><b>D</b> Witnesses: <u>Name</u></th> <th style="width: 25%;"><u>Address</u></th> <th style="width: 25%;"><u>Phone</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>(____) _____ - _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>(____) _____ - _____</td> </tr> </tbody> </table>		<b>D</b> Witnesses: <u>Name</u>	<u>Address</u>	<u>Phone</u>	_____	_____	(____) _____ - _____	_____	_____	(____) _____ - _____
<b>D</b> Witnesses: <u>Name</u>	<u>Address</u>	<u>Phone</u>								
_____	_____	(____) _____ - _____								
_____	_____	(____) _____ - _____								
<b>E</b> Describe the facts of the accident/incident in detail, <u>including immediate actions taken</u> (use attachments if necessary): _____ _____ _____ _____ _____										
<b>F</b> Nature of suspected/stated injury or illness (e.g., abrasion, sprain, fracture, etc):										
<b>G</b> Part of body injured:										
<b>H</b> Was first-aid/medical attention refused? <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>I</b> Was medical attention provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, by whom:</b>										
<b>J</b> Prior medical condition(s) known? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, please describe:</b>										
Prepared by: _____ <small style="margin-left: 100px;">Name/Title (Please Print)</small> Signature: _____ Email: _____ Department: _____ Phone: (____) _____ - _____ Date: ____/____/____	Reviewed by: _____ <small style="margin-left: 100px;">Supervisor (Please Print)</small> Department: _____ Phone: (____) _____ - _____ Date: ____/____/____									

**If EMS or Police services requested: Notify your Program Supervisor immediately**  
 Scan/email this form to: 1. Your supervisor & 2. [rms@csusm.edu](mailto:rms@csusm.edu)

**Emergency Treatment**

Report all emergencies to University Police at (760) 750-4567 from a campus phone or 911 if away from campus.

- University Police will evaluate and initiate emergency services as appropriate.
- Proceed to the nearest hospital emergency room for treatment or stand by for paramedics/ambulance as appropriate.

**Non-Emergency Treatment**

- Proceed to Student Health & Counseling Services (SHCS) for non-emergency treatment.
- SHCS is located adjacent to the campus at 120 Craven Road, Suite 100, San Marcos. Please contact SHCS at (760) 750-4915 for further instructions. Hours of Operation: M – F 8am – 4:45pm and closed 12 -1pm. If closed, see [www.csusm.edu/shcs](http://www.csusm.edu/shcs) for Emergency Resources.