

Eastern Michigan University
CLUB SPORTS 2024-2025 Incident/Accident Report

Name: _____ Student #: _____ Phone #: (____) _____ - _____

Address: _____ State: _____ Zip: _____

Age: ____ Gender: M / F Status (circle one): Student Faculty Staff Guest Other: _____

Date & Time Incident/Accident Occurred: ____/____/____ am / pm Date
& Time Incident/Accident Reported: ____/____/____ am / pm

Reported By: _____ Position (if applicable): _____

Was anyone injured as a result of this incident/accident? YES / NO

TYPE OF INCIDENT/ACCIDENT:

Alarm (type _____) Assault/Fight Assault w/Weapon Theft
 Injury/illness (describe in detail) _____

Other: _____

D.P.S. Notified? YES / NO

If Yes, Responding Officer(s) Name(s):

D.P.S. Report Number: _____

Did Ypsilanti Fire/Rescue respond? YES / NO Did HVA ambulance respond? YES / NO

LOCATION OF INCIDENT:

REC/IM Bldg. IM Sports Fields University Park Other: _____

SPECIFIC AREA OF INCIDENT/ACCIDENT:

REC 1 st Floor	REC 2 nd Floor	REC 3 rd Floor	REC 4 th Floor	University Park
<input type="checkbox"/> Fit Room	<input type="checkbox"/> Aerobics Studio	<input type="checkbox"/> Game Area	<input type="checkbox"/> Track	<input type="checkbox"/> Amphitheater
<input type="checkbox"/> Lobby	<input type="checkbox"/> Combatives Rm	<input type="checkbox"/> Gym (#____)	<input type="checkbox"/> Weight Area	<input type="checkbox"/> B-ball Ct #____
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Lobby	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Lake House
<input type="checkbox"/> Office	<input type="checkbox"/> Observation Dk.			<input type="checkbox"/> Tennis Cts.
<input type="checkbox"/> Jones Pool	<input type="checkbox"/> Utility Gym			<input type="checkbox"/> V-Ball Ct# _____
<input type="checkbox"/> Racquetball Ct.	<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____				

AREA OF PARTICIPATION:

Intramural Sports Activity Scheduled Activity: _____
 Intercollegiate Athletics Special Event: _____
 Physical Ed. Class Sports Club Activity: _____
 Other: _____

(OVER)

WITNESS INFORMATION:

1. Name: _____ Student #: _____ Phone #: (____) _____ - _____

Address: _____ State: _____ Zip: _____

Age: _____ Gender: M / F Status (circle one): Student Faculty Staff Guest Other: _____

2. Name: _____ Student #: _____ Phone #: (____) _____ - _____

Address: _____ State: _____ Zip: _____

Age: _____ Gender: M / F Status (circle one): Student Faculty Staff Guest Other: _____

IMMEDIATE ACTION TAKEN:

First Aid administered by: _____ CPR administered by: _____

Was there visible blood or bodily fluids? Yes / No IF yes, did employee follow appropriate Blood borne pathogen exposure control procedures and use appropriate PPE? Yes / No

(Employee signature : _____)

Contacted D.P.S. / Turned Over to Responding Officer

Minor Disturbance, Spoke with Individual and Resolved the Situation

False Alarm / Turned Off and Reset

Taken to hospital by HVA ambulance

Refused HVA (victim's signature): _____ Taken

to hospital by friend or relative

Refused First Aid (victim's signature): _____

First Aid was not needed

Other: _____

DETAILS OF ACCIDENT: (Attach additional sheets if needed)

Describe in detail events, actions, conditions, etc. from beginning to end which may have contributed to the incident/accident. Be sure to use names of anyone involved. If names are not available, describe the individual(s) to the best of your ability such as: race, gender, color/type of clothing, etc.

Report Prepared By: _____ Position: _____

Report Reviewed By: _____ Position: _____ Date: _____

Follow Up By: _____ Position: _____ Date: _____

Disposition: _____