

**FROSTBURG STATE UNIVERSITY CLUB SPORTS  
ACCIDENT REPORT FORM**

Date: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Opponent: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_ Age: \_\_\_\_\_

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

Describe Cause of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Bodily Injury Sustained (be specific): \_\_\_\_\_

Was first aid administered? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Was injured taken to hospital? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Who took injured to hospital? \_\_\_\_\_

Was injured advised to seek medical attention? \_\_\_\_\_

If yes, describe the advice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If injured was a minor, were the parents notified of the accident? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

\_\_\_\_\_

Name

Address

Witnesses to accident / Name and Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional comments: \_\_\_\_\_

Name of person reporting accident: \_\_\_\_\_

Signature of person reporting accident: \_\_\_\_\_

**Signature of injured person if refusing medical attention:** \_\_\_\_\_