**DATE OF INCIDENT (MM/DD/YYYY):** ___/____/_____  **TIME OF INCIDENT:** _________ AM/PM

**ACTIVITY (check one):**
- [ ] Intramurals (Specify): ______________________________________________________
- [ ] Fitness Class (Specify): _____________________________________________________
- [ ] Sport Club (Specify): _______________________________________________________  
- [ ] Aquatics (Specify): _________________________________________________________  
- [ ] Other (Specify): ___________________________________________________________  

**MEDICAL TREATMENT PROVIDED:**
- [ ] Yes  
- [ ] No  
- [ ] Refused  

Treatment provided by: _____________________________________________________________

**VICTIM TRANSPORTED TO EMERGENCY FACILITY:**
- [ ] Yes  
- [ ] No  

Transported by: _________________________________________________________________  
Transported to: _________________________________________________________________
IV. TYPE OF INJURY

SPECIFY INJURY OR ILLNESS (In complete sentences, please describe the nature and severity of the injury or illness):

V. ADDITIONAL INFORMATION

DESCRIPTION OF INCIDENT: If additional pages are needed please attach with the report (in full sentences; be specific (i.e. events leading to incident, number of people involved, action taken after incident occurred)):

Names of Witnesses (first, last) | Phone Number | Email Addresses
--- | --- | ---
1. | | |
2. | | |

PREPARED BY: ____________________________  POSITION: __________________________

DATE (MM/DD/YYYY): __________  TIME: _______ AM/PM

SIGNATURE: ________________________

This completed form should be immediately submitted to Campus Recreation Department within 24 hours of incident.

ADMINISTRATIVE USE ONLY

Environment, Health, and Safety (sfehs@sfsu.edu) & Enterprise Risk Management, Michael Beatty (mbeatty@sfsu.edu).