ACCIDENT REPORT

All accidents are to be reported immediately. Forward this Accident Report to Ed Morford, Assistant Director.

Name of injured: **Gender:** ❑ **Male** ❑ **Female**

ID number of injured: **Age:**

Local address:

Phone: **E-mail:**

Time and date of injury:

Was emergency dispatch (911) called?

Describe the accident as accurately as possible:

What activity was the injured engaged in, what happened, and what was the nature of the injury?

Describe the accident as accurately as possible:

What were the steps you took and what were the recommendations you made?

Read the following:

"You have the right to refuse medical treatment as recommended and decline the help of Emergency Medical Personnel and an ambulance as recommended. In addition, you should know that the University of Illinois is not financially responsible for any costs incurred by use of an outside medical facility. Do you have any questions?"

Please indicate below if the individual declined recommended treatment, refused transport, or declined help from ambulance:

NAME (print)**:**

SIGNATURE: