

USC LANCASTER STUDENT/VISITOR ACCIDENT REPORT

Date: _____
Time: _____
Area: _____

Name _____
Last First MI

Address _____

Telephone # (____) _____

INJURY INFORMATION Type: Cut _____ If so, was it bleeding? _____
Swelling _____
Bruise _____
Other _____

Location of injury:

1. Upper body _____ 2. Lower body _____
_____head _____neck _____lower abdomen
_____chest _____back

LEFT RIGHT LEFT RIGHT
_____ shoulder _____ groin
_____ ribs _____ thigh
_____ upper arm _____ knee
_____ elbow _____ shin
_____ forearm _____ calf
_____ wrist _____ ankle
_____ hand _____ foot
_____ fingers _____ toes

Other _____

Emergency Care Rendered: Ice _____ Bandage _____
_____ Called 911 at _____: _____ AM/PM
_____ Ambulance arrived @ _____: _____ AM/PM
_____ Fire Department arrived @ _____: _____ AM/PM
_____ Police Department arrived @ _____: _____ AM/PM
♦ Person was transported @ _____: _____ AM/PM

Person was referred _____ Home
_____ Hospital
_____ Physician

Details of Incident: _____

Witnesses: _____ Phone Number: _____

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Witnesses: _____ Phone Number: _____

Report Prepared By: _____

Supervisor On Duty: _____

Follow Up Call

Date: _____ Time: _____: _____ AM/PM

Comments: _____

