

# William Paterson University

## Club Sports Injury and Incident Report

Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_

Club Sport:	Coach:
-------------	--------

Preseason	Practice	Game	Conditioning	Non-athletic
-----------	----------	------	--------------	--------------

Name of Student	Date of Incident
WPUNJ ID Number: 855 _____	Time of Incident
Email Address	Location of Incident
Cell/Home Phone Number:	Male   or   Female      Age

1	Right	1	Head	11	Shoulder	21	Hip
2	Left	2	Face	12	Upper Arm	22	Groin
3	Bilateral	3	Nose	13	Elbow	23	Thigh
4	Proximal	4	Eye	14	Forearm	24	Knee
5	Distal	5	Ear	15	Wrist	25	Patella
6	Anterior	6	Mouth	16	Hand	26	Lower Leg
7	Posterior	7	Neck	17	Thumb	27	Ankle
8	Medial	8	Thorax	18	Finger	28	Foot
9	Lateral	9	Upper Back	19	Skin	29	Toes
10	Other	10	Lower Back	20	Abdomen	30	Other

1	Abrasion	6	Dislocation	11	Laceration	16	Other
2	Avulsion	7	Fracture, Open	12	Non-Traumatic		
3	Bursitis	8	Fracture, Closed	13	Puncture		
4	Concussion	9	Incision	14	Separation		
5	Contusion	10	Illness	15	Sprain		

### **Details of the injury:**

---



---



---



---



---



---

Initial Care Provided By:	Contact Phone Number		
Care Provided:			
Ambulance/EMT	Hospital	Trainer	Other

All incident reports **MUST be emailed** to [rinckj@wpunj.edu](mailto:rinckj@wpunj.edu) AND [floraj@wpunj.edu](mailto:floraj@wpunj.edu) no more than 24 hours from the date of the incident. If this is a medical/injury report, please also fax this form to the University's Health and Wellness Center at 973-720-2632.

## Non-Injury Incident Report

Please provide a detailed report of any incident that occurred during a club sport activity. Please provide specific information regarding the incident and what possible league, university, federal, state, or local policies or laws that may have been violated.

[illegible]

Action Taken as a Result of This Incident:			
Was Law Enforcement Involved	Yes	OR	No If yes, please provide details:

Police Department:	Office Name:	Contact Information:
--------------------	--------------	----------------------

Was the league/conference notified: Yes OR NO

Were there any witnesses: Yes OR NO

Name of Witness	Is the witness a WPUNJ student? Yes      OR      No
WPUNJ ID Number: 855 _____	WPUNJ email address:

Report prepared by \_\_\_\_\_ Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_

Preparer's signature \_\_\_\_\_