

Lafayette College Recreation Services

Incident Report Form

INCIDENT OCCURRED TO:

VICTIM NAME: \_\_\_\_\_ [ ] Student [ ] Employee [ ] Other <16 [ ] Other >16

IF "OTHER", PROVIDE PHONE # \_\_\_\_\_

WERE OTHERS INVOLVED?  YES  NO IF YES, WHO? \_\_\_\_\_ PHONE: \_\_\_\_\_  
*(or the person reporting if not the victim)*

NAME OF EMPLOYEE COMPLETING THIS REPORT (print): \_\_\_\_\_

INCIDENT:

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

AREA OF PARTICIPATION:  INTAMURALS  INFORMAL REC  FITNESS  ROCK WALL  
 OTHER  SPORT CLUB please identify \_\_\_\_\_

NATURE OF INCIDENT:

VEHICULAR ACCIDENT  PERSONAL INJURY  COMPLAINT / SAFETY TO SELF  
 MISUSE OF EQUIPMENT  DISRUPTIVE BEHAVIOR / SAFETY OF OTHERS

DESCRIPTION OF WHAT HAPPENED / SITUATION LEADING TO THE INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF SUSPECTED INJURY:

BLEEDING (LACERATION OR ABRASION)  SUDDEN ILLNES  
 DISLOCATION / FRACTURED BONE  SKIN INFECTION  
 BRUISE STRAIN to MUSCLE  CONCUSSION  
 SPRAIN TO A JOINT  OTHER \_\_\_\_\_

PART OF BODY INJURED:

FOOT/ ANKLE  FINGER  
 KNEE  JAW / TOOTH  
 LEG/ THIGH  NOSE  
 ARM/ SHOULDER  HEAD / FACE  
 HAND/ WRIST  OTHER \_\_\_\_\_

ACTION TAKEN: (Check all that apply)

FIRST AID ADMINISTERED BY \_\_\_\_\_, PLEASE DESCRIBE: \_\_\_\_\_  
 TRANSPORTED TO THE HOSPITAL BY \_\_\_\_\_  
 TRANSPORTED TO THE HEALTH CENTER BY \_\_\_\_\_  
 INTERVENTION BY \_\_\_\_\_, PLEASE DESCRIBE: \_\_\_\_\_  
 OTHER ACTION, PLEASE DESCRIBE \_\_\_\_\_

DID THE VICTIM REFUSE:  ATTENTION  FIRST AID  HOSPITAL

IF YES TO ANY OF THE ABOVE, VICTIM'S SIGNATURE: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF RECREATION SERVICES

DATE: \_\_\_\_\_ FOLLOW-UP: \_\_\_\_\_ BY WHOM? \_\_\_\_\_

# Bomb/CBRNE and Active Shooter Form

## *EXACT WORDING OF THREAT*

\_\_\_\_\_  
\_\_\_\_\_  
Sex of caller: M / F Race: \_\_\_\_\_ Approximate age: \_\_\_\_\_ Length of call: \_\_\_\_\_ Telephone # at which call received: \_\_\_\_\_  
Time received: \_\_\_\_\_ Date call received: \_\_\_/\_\_\_/\_\_\_ Nationality: \_\_\_\_\_

### *CALLER'S VOICE*

\_\_\_\_ Calm \_\_\_\_ Nasal \_\_\_\_ Soft \_\_\_\_ Angry \_\_\_\_ Stutter \_\_\_\_ Loud \_\_\_\_ Excited \_\_\_\_ Lisp  
\_\_\_\_ Laughter \_\_\_\_ Slow \_\_\_\_ Raspy \_\_\_\_ Crying \_\_\_\_ Rapid \_\_\_\_ Deep \_\_\_\_ Normal \_\_\_\_ Distinct \_\_\_\_ Slurred \_\_\_\_  
Whispering \_\_\_\_ Clearing Throat \_\_\_\_ Ragged \_\_\_\_ Deep Breathing \_\_\_\_ Disguised \_\_\_\_ Cracking Voice \_\_\_\_ Accent

### *BACKGROUND SOUNDS/NOISES*

\_\_\_\_ Street Noise \_\_\_\_ Voices/Talking \_\_\_\_ Wildlife Sounds \_\_\_\_ PA System \_\_\_\_ Music \_\_\_\_ Static \_\_\_\_ Motor \_\_\_\_  
Factory Machinery \_\_\_\_ Clear \_\_\_\_ Radio/TV \_\_\_\_ Long Distance \_\_\_\_ Local \_\_\_\_ Office Sounds \_\_\_\_ Weather \_\_\_\_ Cell  
Phone \_\_\_\_ Restaurant Sounds  
Other (Specify) \_\_\_\_\_

### *CALLER'S ATTITUDE & LANGUAGE*

\_\_\_\_ Well Spoken (education) \_\_\_\_ Incoherent \_\_\_\_ Profane/Foul \_\_\_\_ Irrational \_\_\_\_ Taped Message \_\_\_\_ Message  
being Read

### **REMARKS**

\_\_\_\_\_  
Your name: \_\_\_\_\_  
Your position: \_\_\_\_\_  
Your telephone: \_\_\_\_\_  
Date checklist done: \_\_\_\_\_

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## Missing Child Form

### **Description of Child**

Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Race: \_\_\_\_\_ Clothes Worn: \_\_\_\_\_  
Eye and hair color: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Location last seen: \_\_\_\_\_  
Any distinguishing characteristics \_\_\_\_\_