

**Rensselaer Intramural Department**  
**Injury/Incident Report**

**Date of Report:** \_\_\_\_\_

**Name of Injured:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Gender:**     M \_\_\_ F \_\_\_     **Age:** \_\_\_\_\_     **Date of Incident:** \_\_\_\_\_

**Time Accident Occurred:**   Hour \_\_\_\_\_ AM \_\_\_\_\_ PM X \_\_\_\_\_

**Place of Accident:** \_\_\_\_\_

**Nature of Injury: (circle)**

|            |            |                       |          |        |
|------------|------------|-----------------------|----------|--------|
| Abrasion   | Amputation | Bite                  | Bruise   | Burn   |
| Concussion | Cut        | Dislocation           | Electric | Shock  |
| Fracture   | Laceration | Poisoning             | Puncture | Scalds |
| Scratches  | Sprain     | Other (specify) _____ |          |        |

**Part of Body Injured: (circle)**

|         |                       |       |       |       |
|---------|-----------------------|-------|-------|-------|
| Abdomen | Ankle                 | Arm   | Back  | Back  |
| Chest   | Ear                   | Elbow | Eye   | Face  |
| Finger  | Foot                  | Hand  | Head  | Knee  |
| Leg     | Mouth                 | Nose  | Scalp | Tooth |
| Wrist   | Other (specify) _____ |       |       |       |

**Description of Accident:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What other object of substance was the source of the injury?** \_\_\_\_\_

**How did source of injury contact into with the victim?**

\_\_\_\_\_

**Degree of injury (circle):**   Death  
  Temporary Disability

**Permanent Impairment**  
**Nondisabling**

**Immediate Action Taken:**

**First Aid Steps taken? By (name):** \_\_\_\_\_

**Sent to Hospital? How transported:** \_\_\_\_\_

**Employee/Person Who Completed the Paperwork (Signature):** \_\_\_\_\_

*Please return this completed form to the Intramural Office or email to [steffk@rpi.edu](mailto:steffk@rpi.edu) and [waskoj@rpi.edu](mailto:waskoj@rpi.edu)*