

NCAA GROUP BASIC ACCIDENT MEDICAL PROGRAM

PRELIMINARY ACCIDENT DETAILS INFORMATION FORM

Please Note: The purpose of this form is to help gather the information required for the online Incident Report form. It is **NOT** the official Incident Report form and cannot be used in place of the online Incident Report form or the printable version of the online Incident Report. The fields marked by an asterisk (*) will be required when completing the online Incident Report.

ACCIDENT DATE* _____	ACCIDENT TIME* _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
DESCRIBE INCIDENT*		

INJURED PERSON INFORMATION

FIRST NAME* _____	LAST NAME* _____
ADDRESS* _____	
CITY* _____	
STATE* _____	ZIP* _____
TELEPHONE* (____) _____	
GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH* _____
EMAIL: _____	

LOCATION OF INCIDENT INFORMATION

LOCATION OF INCIDENT* _____	
ADDRESS* _____	
CITY* _____	
STATE* _____	ZIP* _____
DID INJURY OCCUR DURING TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF TRANSPORTATION INVOLVED: <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Automobile <input type="checkbox"/> Charter Bus <input type="checkbox"/> Charter Plane <input type="checkbox"/> Common Carrier Bus	
<input type="checkbox"/> Common Carrier Plane <input type="checkbox"/> School Bus <input type="checkbox"/> Train	

INJURY INFORMATION Initial Treatment Date: _____

TREATMENT DESCRIPTION:

INJURY TYPE:* Abrasion Amputation Burn Concussion Contusion Cramp Crush Injury Dislocation Drowning Exhaustion Exposure Fatality Foreign Object Fracture Closed Fracture Open Fracture Stress Heart Impingement Internal Intracranial Laceration Nerve Overuse Puncture Shin Splints Spinal Cord Sprain Strain Superficial Swimmers Ear Tear ACL Tear Cartilage Tear MCL Unspecified Whiplash

BODY PART:* Abdomen Achilles Tendon Ankle Arm Lower Arm Upper Back Cervical Back Lumbar Back Thoracic Brain Chest Clavicle Ear Elbow Face Facial Bones Finger Foot Forearm Great Toe Groin Hamstring Hand Head Heart Hernia Hip Jaw Knee Leg Lower Leg Upper Mouth Multiple Body Neck Nose Pelvis Quadriceps Ribs Scalp Scapula Skull Shoulder Teeth Thigh Throat Thumb Toes Wrist

SIDE:* Left Right Both Neither

TRANSPORTATION DESCRIPTION: <input type="checkbox"/> Airlift <input type="checkbox"/> Ambulance <input type="checkbox"/> Not Transported <input type="checkbox"/> Other <input type="checkbox"/> Personal Transport by Parent/Guardian <input type="checkbox"/> Personal Transport by University Staff	INITIAL MEDICAL TREATMENT: <input type="checkbox"/> Athletic Trainer <input type="checkbox"/> Convenience Clinic <input type="checkbox"/> EMT <input type="checkbox"/> Hospital Provider <input type="checkbox"/> Team Physician	INJURY OCCURRED DURING: <input type="checkbox"/> Conditioning <input type="checkbox"/> Game <input type="checkbox"/> Hotel <input type="checkbox"/> Individual Practice <input type="checkbox"/> Other <input type="checkbox"/> Team Practice <input type="checkbox"/> Travel To or From <input type="checkbox"/> Warm-up
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WOMEN'S SPORTS:* <input type="checkbox"/> Archery <input type="checkbox"/> Badminton <input type="checkbox"/> Basketball <input type="checkbox"/> Bowling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Cross Country <input type="checkbox"/> Dance Team <input type="checkbox"/> Diving <input type="checkbox"/> Equestrian <input type="checkbox"/> Fencing <input type="checkbox"/> Field Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Ice Hockey <input type="checkbox"/> Indoor Track & Field <input type="checkbox"/> Lacrosse <input type="checkbox"/> Outdoor Track & Field <input type="checkbox"/> Rifle <input type="checkbox"/> Rowing <input type="checkbox"/> Rugby <input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Squash <input type="checkbox"/> Swimming <input type="checkbox"/> Sync Swimming <input type="checkbox"/> Team Handball <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Water Polo	MEN'S SPORTS:* <input type="checkbox"/> Archery <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Cross Country <input type="checkbox"/> Diving <input type="checkbox"/> Fencing <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Ice Hockey <input type="checkbox"/> Indoor Track & Field <input type="checkbox"/> Lacrosse <input type="checkbox"/> Outdoor Track & Field <input type="checkbox"/> Rifle <input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Soccer <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Water Polo <input type="checkbox"/> Wrestling
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MIXED:* Cheerleading Fencing Rifle

PARENT/GUARDIAN INFORMATION

PARENT NAME: _____	DOES ATHLETE HAVE ANY OTHER INSURANCE OR COVERAGE?*
ADDRESS: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE COMPLETE THE FOLLOWING:
CITY: _____	NAME OF COMPANY: _____
STATE*: _____	ADDRESS: _____
ZIP: _____	POLICY #: _____

UNIVERSITY INFORMATION

NAME OF SCHOOL OFFICIAL: _____	TITLE OF SCHOOL OFFICIAL: _____
NAME OF INDIVIDUAL SUBMITTING FORM:*	TITLE:*
PHONE: _____	