Drexel University Athletics
Recreational Athletics Office
Club Sports Program

Accident/Incident Report

This report will be utilized to document any accidents, problems, conflicts or incidents related to the activities involved in club sports.

Date of Incident: __________________________________________
Time of Incident: __________________________________________
Location of Incident: ________________________________________
Nature of Incident:
___ Fight  ___ Vehicle Accident  ___ Disturbance  ___ Missing Item or Theft  ___ Other  __________________________________________
Activity at time of incident: __________________________________
Please describe nature of incident, accident, problem or concern:

Name(s) of individuals involved in incident, include contact information- phone, email address, as well as Status (ie-student, faculty, staff, alumni or other)

Was a Polie Report Taken?   ___ Yes   ___ No
Do you have copy?  ___ Yes   ___ No
Was Drexel Public Safety involved?  ___ Yes   ___ No  If yes, name of officer:________________________
Action taken by Public Safety & list any other pertinent information:

For use of Recreational Athletics Office:
Date form completed: _________________________ Time: ____________________
Report completed by: _________________________ Phone: ____________________
Incident Witnesses:
________________________________________ Phone: ____________________
________________________________________ Phone: ____________________
Report Reviewed by: _________________________ Date: ______________________
Follow up Notes: