



Was the participant injured while participating in an activity?  Yes  No If so, what activity?

Any equipment involved in the accident?  Yes  No If so, what kind?

What could the injured have done to prevent injury?

Emergency procedures followed during the incident/accident and by whom?

Received First Aid.....  on-site or  at a medical facility  called 911/emergency services

*\*If applicable: Has an Incident Report been submitted to NCSU via the [NCSU Incident Reporting Portal](#)?  Yes  No, Working on Submission Documents Now*

Submitted by \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_

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