

Accident Report

Chico Area Recreation and Park District
545 Vallombrosa Avenue, Chico, Ca 95926-4098
530.895.4711 * 530.895.4721 Fax

DO NOT USE THIS FORM FOR EMPLOYEE INJURIES. HANDLE EMPLOYEE INJURIES ACCORDING TO WORKERS' COMPENSATION GUIDELINES. District staff (not the injured person) should complete this form. After completing it, forward to the **District Investigator**, who should mail a copy to CAPRI and keep a copy for district files. All accidents should be reported, since there is always the potential for a claim. If an accident involves serious bodily injury or death, call CAPRI immediately, then follow up with a written report.

INJURED

Name of Injured: _____ Age: _____ Sex: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Date of Accident: _____ Time: _____ Location: _____

Part(s) of body injured: _____

Describe how the accident happened. Include persons, equipment and objects involved:

Did the Injured cause or contribute to the injury or accident? (Y/N) _____ Describe: _____

Who was notified?: _____ Relationship: _____

Where was the Injured taken?: _____ Home _____ Hospital _____ Doctor _____ Other

If "Other," where?: _____

Was 911 called: (Y/N) _____ Was first aid provided: (Y/N) _____

Name of person giving first aid: _____

Address of person giving first aid: _____ Phone: (_____) _____

Was the Injured participating in a district activity? (Y/N) _____

If "Yes," had the Injured (or parent) signed a Waiver and Release? (Y/N) _____

Name of person in charge: _____ Phone: (_____) _____

Was any property damaged? (Y/N) _____ If "Yes," describe: _____

WITNESSES

Name: _____ Home Phone (____) _____

Address: _____ Work Phone (____) _____

City, State, Zip: _____ District Employee? (Y/N) _____

Name: _____ Home Phone (____) _____

Address: _____ Work Phone (____) _____

City, State, Zip: _____ District Employee? (Y/N) _____

Name: _____ Home Phone (____) _____

Address: _____ Work Phone (____) _____

City, State, Zip: _____ District Employee? (Y/N) _____

Was a police or fire report filed? (Y/N) _____ Was a citation issued? (Y/N) _____

Name of police department or fire department: _____

Completed By:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Reviewed By:

Print Name: _____ Title: _____

Signature: _____ Date: _____