

Chico Area Recreation & Park District
ACCIDENT/INCIDENT REPORT FORM

Date of Report: <input style="width:100%;" type="text"/>	Date of Incident/ Accident: <input style="width:100%;" type="text"/>	Time of Incident/ Accident: <input style="width:100%;" type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Facility Information

<input type="checkbox"/> Community Center <input type="checkbox"/> Dorothy Johnson Center <input type="checkbox"/> Pleasant Valley Recreation Center <input type="checkbox"/> Pleasant Valley Pool/Shapiro Pool (please circle) <input type="checkbox"/> Field House <input type="checkbox"/> Lakeside Pavilion	<input type="checkbox"/> After School Site <input style="width:100%;" type="text"/> <input type="checkbox"/> Camp Site <input style="width:100%;" type="text"/> <input type="checkbox"/> Athletic Field <input style="width:100%;" type="text"/> <input type="checkbox"/> Park Site <input style="width:100%;" type="text"/> <input type="checkbox"/> Other <input style="width:100%;" type="text"/>
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Personal Data (person involved in Accident/Incident)

Name: DOB: Gender: Male Female

Address: City: State: Zip:

Home Phone: Work Phone:

Person refused to give information OR information was not available

Parent / Guardian contact (if incident/accident involves a minor):

Name: Phone:

Accident/Incident Data

Specific Location of Accident/
Incident:

Was the individual participating in a CARD activity (Y/N): Name of Activity:

If "yes" had the injured (or parent) signed a waiver and release? (Y/N): (answered by CARD office staff)

Name of the person in charge of activity: Phone Number:

Type of incident: (please add description)

Injury / Illness:

Stolen / Lost Article:

Fight / Violent Behavior:

Customer Service Complaint:

Violation of Facility Rule:

Violation of Code of Conduct:

Water Rescue / Safety Incident:

Vandalism:

Vehicle Incident:

Damage to District Property:

Other:

Accident/Incident Data (continued)

Describe exactly
what happened
(facts only)

Action taken at scene: *For an Accident/Illness*

- Ice Pack Band Aid Cleaning of Wound with Soap and Water
 Injured Refused First Aid EMS called for assistance: Fire Medical Emergency
 Parent / Guardian notified (If person involved is a minor) Supervisor notified immediately for accident of a serious nature.

Other: _____

For an Incident

- Police called for assistance Case #: _____ Parent / Guardian contacted
 Removal from Program Clean Up of Damaged Property
 Work Service Request Submitted Customer Complaint/Concern Form Submitted: Log # _____
 Facility/Event Shut Down: Reason: _____
 Supervisor notified immediately for incident of a serious nature.
 Other: _____

Where was person taken after Accident/Incident or who was notified? (Police Station, Hospital, Doctor, Staff Office, etc)

Name of Person giving assistance: _____ Phone Number: _____

Address of Person giving assistance: _____

Witnesses

1. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
2. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Report Prepared By

Name (please print): _____ Job Title: _____

Signature: _____ Date: _____

Report Reviewed By: (office use only)

Name (please print): _____ Job Title: _____

Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Follow up report

Signature: _____ Date: _____