



# Accident/Incident Report Form

Chico Area Recreation and Park District

Complete this report for accidents or incidents that may have later repercussions.

Separate reports are required if multiple people are involved.

This is an internal form to be completed by employees and volunteers and is not to be copied or distributed.

## Person Involved in Accident/Incident:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Person refused to give information OR information was not available

## Parent/Guardian Contact if Accident/Incident Involves a Minor:

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_ AM  
PM

Location name (facility/park/site) where accident/incident occurred: \_\_\_\_\_

Specific area accident/incident occurred at the location: \_\_\_\_\_

Was the individual participating in a CARD program? (Y/N) \_\_\_\_\_ Name of Program: \_\_\_\_\_

If "yes" had the individual (or parent) signed a Waiver and Release? (office use only) \_\_\_\_\_

## For Accidents: Describe exactly what happened (facts only)

Accidents are when a person sustains bodily injury including pain, broken bone, swelling, chipped tooth, gushing wound, bee stings, etc.

If enrolled in a CARD program, did the individual sit out from activities? \_\_\_\_\_ If so, how long? \_\_\_\_\_

What type of assistance was provided?

Ice Pack

Bandage

Cleaning of wound with soap & water

EMS called for assistance

Other: \_\_\_\_\_

Name of person providing assistance: \_\_\_\_\_ Phone: \_\_\_\_\_

Was a Parent/Guardian notified? (Y/N) \_\_\_\_\_ (If person involved is a minor, a Parent/Guardian must be notified.)

If so, who was notified and when? \_\_\_\_\_

Was a Supervisor contacted? (Y/N) \_\_\_\_\_ (If accident was of serious nature, a Supervisor must be contacted immediately.)



**For Incidents:** Describe exactly what happened (facts only)

Incidents are when unusual occurrences arise such as damage to property, vandalism, theft, vehicle incident, fights/violent behavior, water rescue, unsafe acts including participants running away.

Action taken at scene:

Clean up of damaged property      Work Service Request submitted      Removal from program

Emergency services called. Case # and info: \_\_\_\_\_

Facility/Event/Program shut down. Reason: \_\_\_\_\_

Other: \_\_\_\_\_

Was a Parent/Guardian notified? (Y/N) \_\_\_\_\_ (If person involved is a minor, a Parent/Guardian must be notified.)

If so, who was notified? \_\_\_\_\_

Was a Supervisor contacted? (Y/N) \_\_\_\_\_ (If incident was of serious nature, a Supervisor must be contacted immediately.)

**Adult Witnesses to Accident or Incident:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Report Prepared By:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Report Reviewed By: (office use only)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Follow Up Report: (office use only)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_