



Patron Accident Report

TO BE SUBMITTED WITHIN 24 HOURS OF ACCIDENT TO SUPERVISOR

Date of Accident: _____ Time: _____ Which Facility? _____

Name: _____ Age: _____ Sex: _____ Program: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Please describe THE EXACT location within the facility where the accident occurred:

Weather & Lighting Conditions at the time of the accident (i.e. shady, slick road, dark room, etc.)

Please describe what the injured person was doing and how the accident occurred: _____

Please describe the nature and anatomical location of the injury (be specific): _____

Was treatment given? Yes _____ No _____ By whom? _____

If yes, please describe first aid given: _____

Was further medical assistance needed? Yes _____ No _____

Was EMS Called? Yes _____ No _____

Who responded? Police _____ Fire _____ Ambulance _____

Name of Officer (if response): _____ Case Number: _____

Witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Please list all employees who witnessed the accident:

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Follow up:

Employee Signature: _____ Date: _____

Parent's Signature (if child is picked up): _____ Date: _____

Supervisor: _____

Please submit original to Finance Director, City Hall