



# ACCIDENT/INCIDENT REPORT FORM

HARRISONVILLE PARKS AND RECREATION

NORTH PARK

Report Date: \_\_\_\_\_

## INDIVIDUAL INVOLVED:

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Guardian Name** \_\_\_\_\_  
For those under the age of 18  
**Status**     Participant     Coach     Spectator     Other  
**Home Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

## DATE OF OCCURENCE:

**Day** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **AM/PM**  
**Location** \_\_\_\_\_

## ACCIDENT- PART OF BODY INJURED:

Mark R for Right and L for Left

- |                                       |                                  |                                    |                                    |                                   |
|---------------------------------------|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Generalized  | <input type="checkbox"/> Tooth   | <input type="checkbox"/> Lungs     | <input type="checkbox"/> Finger    | <input type="checkbox"/> Foot     |
| <input type="checkbox"/> Tongue       | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hand      | <input type="checkbox"/> Ankle     | <input type="checkbox"/> Mouth    |
| <input type="checkbox"/> Chest        | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Nose      | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Forearm      | <input type="checkbox"/> Knee    | <input type="checkbox"/> Ear       | <input type="checkbox"/> Spine     | <input type="checkbox"/> Elbow    |
| <input type="checkbox"/> Thigh        | <input type="checkbox"/> Eye     | <input type="checkbox"/> Neck      | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Hip      |
| <input type="checkbox"/> Skull/Scalp  | <input type="checkbox"/> Jaw     | <input type="checkbox"/> Back      | <input type="checkbox"/> Pelvis    |                                   |
| <input type="checkbox"/> Other: _____ |                                  |                                    |                                    |                                   |

**Details of body part:** *(please be specific)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INCIDENT:

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Altercation/Fight  | <input type="checkbox"/> Policy Violation | <input type="checkbox"/> Theft        | <input type="checkbox"/> Hazard        |
| <input type="checkbox"/> Scheduled Conflict | <input type="checkbox"/> Lost/Found       | <input type="checkbox"/> Vandalism    | <input type="checkbox"/> Verbal Threat |
| <input type="checkbox"/> Trespassing        | <input type="checkbox"/> Class/Program:   | <input type="checkbox"/> Other: _____ |  |

**Details on type of incident:** *(please be specific)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIFIC LOCATION:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Baseball Field # _____                              | <input type="checkbox"/> Football Field  | <input type="checkbox"/> Rodeo Arena |
| <input type="checkbox"/> Concessions Area                                    | <input type="checkbox"/> Playground Area | <input type="checkbox"/> NPAC        |
| <input type="checkbox"/> Specific Location within Area Selected Above: _____ |  |                                      |
| <input type="checkbox"/> Other: _____  |  |                                      |

**SPECIFIC LOCATION:**

**Details of location:** *(please be specific)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF ACCIDENT/INCIDENT:**

Please include name(s), physical description(s), events, conditions, first aid supplies used, or any other details in the accident/incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness #1 Signature** \_\_\_\_\_ **Witness #2 Signature** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Was Parent/Emergency Contact Notified?  Yes  No  
If yes, give reason for contacting \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT-FURTHER CARE:**

Please check all that apply.

- Ambulance to Hospital       Refused Care       Returned to Activity
- Self/Friend to Hospital       Left Area/No Info       Went Home on Own
- Family/Friend took Home       Minor Released to: \_\_\_\_\_

If an ambulance was called, who called? \_\_\_\_\_  
Time Notified \_\_\_\_\_ AM/PM      Time Responded \_\_\_\_\_ AM/PM  
EMT Name \_\_\_\_\_      Report Number \_\_\_\_\_

**INCIDENT:**

Was Public Safety Called?  Yes  No  
Time Notified \_\_\_\_\_ AM/PM      Time Responded \_\_\_\_\_ AM/PM  
Officer Name \_\_\_\_\_      Report Number \_\_\_\_\_

**REPORT PREPARED BY: (PLEASE PRINT & SIGN)**

**Print Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN THIS FORM TO THE PARKS DIRECTOR WHEN COMPLETED:**

Was a follow-up/check-in call made to the parent/participant?  Yes  No  
**Follow-Up Information** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Follow-Up Call Details** \_\_\_\_\_

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_