

City of Fairfield
COMMUNITY SERVICES DEPARTMENT

ACCIDENT REPORT

FIRE 9-911

Registration Office/CHAM 428-7714

Community Center 428-7435

POLICE 9-911

Senior Center 428-7421

Sports Center 428-7428

Name of injured: _____ Date: _____

Address: _____ Phone: _____ Age: _____

Time of occurrence: _____ a.m. p.m. Facility: _____ Area: _____

Describe the nature of injury: _____

What was done with the injured person? _____

Was an ambulance called? _____ Fire Department? _____

Name and address of physician or hospital whose services were obtained:

Was the injured person disobeying any rules or regulations in force at the time of the accident? Please state: _____

Did you witness the accident? _____

Where were you at the time? _____

What leaders were on duty? _____

Witnesses: _____

What steps have been taken to prevent this type of accident from happening again?

Describe fully on the back of this page how the accident happened. Fill out this form in duplicate, retain one copy and turn the other in to the office within 24 hours.

COMPLETED BY: _____
signature