

YOUTH & RECREATION DEPARTMENT

VETERANS PARK AQUATICS COMPLEX ACCIDENT/INCIDENT REPORT

(FILL OUT ONE FOR EACH INCIDENT/ACCIDENT OR PERSON INVOLVED) (THIS FORM REQUIRES A SIGNATURE FROM THE INJURED PERSON, IF THEY ARE A MINOR PARENT/GUARDIAN SIGNATURE IS REQUIRED), THE PROGRAM SUPERVISOR AND EMPLOYEE COMPLETING THE FORM).

PERSON COMPLETING THIS REPORT	PRINT NAME:	SIGNATURE:	DATE:
-------------------------------	-------------	------------	-------

DATE OCCURRED (M/D/Y):	DAY OF THE WEEK:	PROGRAM NAME:
TIME OCCURRED:	AM / PM	
NUMBER OF PATRONS IN ATTENDANCE:		
SUPERVISOR ON DUTY:		
TYPE OF INCIDENT: (CIRCLE) BEHAVIORAL, ACCIDENT, ILLNESS, OTHER (DESCRIBE)		

INFORMATION OF PERSON INVOLVED:

NAME OF PERSON INVOLVED	FIRST:	MIDDLE:	LAST:
DATE OF BIRTH:	AGE:	IS THIS PERSON A MINOR?	PHONE NUMBER:
HOUSE NUMBER:	STREET NAME:	CITY, STATE:	ZIP CODE:

DESCRIPTION OF THE ACCIDENT/INCIDENT:

INJURY TO BODY PART(S):	1.	2.	3.
RIGHT, LEFT, TOP, BOTTOM OF INJURED BODY PART:	1.	2.	3.
DESCRIPTION OF INJURY			
DESCRIBE THE SEQUENCE OF ACTIVITY IN DETAIL INCLUDING WHAT THE PERSON INVOLVED WAS DOING AT THE TIME.			
WHERE DID THIS OCCUR? SPECIFY LOCATION, INCLUDING LOCATION OF THE INJURED, WITNESSES AND STAFF. DRAW A DIAGRAM TO LOCATE PERSONS/OBJECTS.			

PROGRAM DETAILS

WAS INJURED PERSON PARTICPATING IN AN ACTIVITY? IF YES, WHAT?	WAS ANY EQUIPMENT BEING USED IF YES, WHAT KIND?
WERE ANY EMERGCY PROCEDURES FOLLOWED? IF SO, WHAT?	WAS THE EQUIPMENT DEFECTIVE? IF YES, EXPLAIN.
PRINT NAME OF EQUIPMENT INSPECTOR:	SIGNATURE OF EQUIPMENT INSPECTOR:
DID INJURED REMAIN AT THE PROGRAM?	

EMERGENCY PROCEDURES FOLLOWED AT THE TIME OF THE INCIDENT/ACCIDENT:	
WAS FIRST AID GIVEN:	IF SO, BY WHO? WRITE FULL NAME
IF NO, WHY?	IF YES, PHONE NUMBER OF PERSON:
EXPLAIN FIRST AID GIVEN:	
WAS ANY OTHER TYPE OF ACTION TAKEN, IF SO WHAT (EXPLAIN):	
WAS 911 CALLED? (CIRCLE) YES NO	WSPD REPORT #:
WAS THE PERSON TAKEN TO THE HOSPITAL: YES NO	IF YES, WHAT HOSPITAL?
WHO WAS THE PERSON TRANSPORTED TO THE HOSPITAL BY:	NOTES:
WAS LAUREN MASSET, RECREATION SUPERVISOR NOTIFIED?	IF NO WHY? IF YES, HOW/WHEN:

IF PERSON INVOLVED IS A MINOR, PARENT/GUARDIAN INFORMATION:

RELATIONSHIP:	FIRST:	MIDDLE:	LAST:
HOUSE NUMBER:	STREET NAME:	CITY, STATE:	ZIP CODE:
PHONE NUMBER:	WERE THEY PRESENT DURING THE ACCIDENT/INCIDENT:	HOW WERE THEY NOTIFIED?	RESULT OF NOTIFICATION (IE: VOICEMAIL, SPOKE TO, ETC)
DID THE MINOR REMAIN AT THE PROGRAM?	NOTES/OTHER INFORMATION:		

ADDITIONAL INFORMATION:

WAS ANYONE ELSE INVOLVED?	IF YES, FILL OUT THE BELOW AND SEPARATE REPORTS FOR EACH.
NAME:	ROLE:
NAME:	ROLE:
NAME:	ROLE:

WITNESS NAME (FIRST, LAST)	RELATIONSHIP TO PERSON	PHONE NUMBER	COMMENTS:

*YOU MAY WISH TO ATTACHED SIGN STATEMENTS. NUMBER OF SIGNED STATEMENTS ATTACHED: _____

ACKNOWLEDGMENTS

	PRINT NAME:	SIGNATURE:	DATE:	OTHER
NAME OF PERSON COMPLETING THIS FORM				ROLE:
PROGRAM SUPERVISOR (ON DUTY)				
DEPARTMENT HEAD	LAUREN J. MASSET / LMASSET@TWSNY.ORG / 716-674-6086			
PERSON INVOLVED (IF MINOR, PARENT OR GUARDIN)				RELATIONSHIP

