

**TOWN OF WEST SENECA  
YOUTH & RECREATION DEPARTMENT  
ICE RINK PROGRAM ACCIDENT/INCIDENT REPORT**

2019 RECREATION>2019 ICE RINK>ICERINKREPORT

TOWN BOARD APPROVED 9/10/2018

**PAGE 1/2**

(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:
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DATE OCCURRED (M/D/Y):	DAY OF THE WEEK:	RINK GUARDS ON DUTY (LIST ALL NAMES BELOW):
TIME OCCURRED:	AM / PM	
NUMBER OF PATRONS IN ATTENDANCE:		
SUPERVISOR ON DUTY:		
TYPE OF INCIDENT: (CIRCLE) BEHAVIORAL, ACCIDENT, 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:**

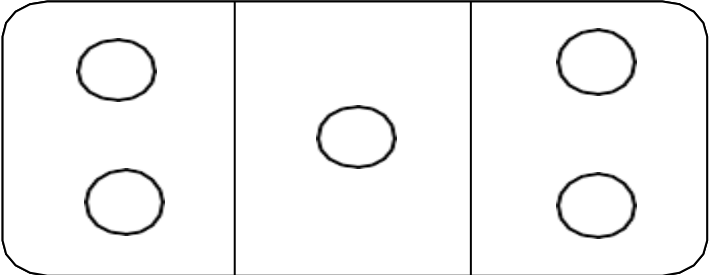
INJURY TO BODY PART(S):	1.	2.	3.
RIGHT, LEFT, TOP, BOTTOM OF INJURED BODY PART:	1.	2.	3.
DESCRIPTION OF INJURY			
DESCRIBE THE SEQUENCE OF ACTIVITY IN DETAIL INCLUDING WHAT THE PERSON INVOLVED WAS DOING AT THE TIME:			
HOW DID THIS HAPPEN:			

**ACTION TAKEN**

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:

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?			

**ICE DETAILS**

ICE RESURFACE TIME: AM/PM	TYPE OF CUT (CIRCLE): WET DRY
WAS THE PERSON WEARING SKATES:	TYPE OF SKATES:
WERE THE SKATES(CIRCLE): RENTAL OWN	WERE SKATERS INSPECTED (CIRCLE) YES NO
WERE THE SKATES DEFECTIVE: YES NO NOTES:	WAS THE ICE INSPECTED AT LOCATION OF FALL: YES NO NOTES:
PRINT NAME OF SKATE/ICE INSPECTOR:	SIGNATURE OF SKATE/ICE INSPECTOR:
MARK AN "X" WHERE THE INCIDENT/ACCIDENT OCCURRED.  MARK "G" WHERE THE RINK GUARDS WERE LOCATED.	

**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:

**ACKNOWLEDGMENTS**

	PRINT NAME:	SIGNATURE:	DATE:
NAME OF PERSON COMPLETING THIS FORM			
PROGRAM SUPERVISOR (ON DUTY)			
DEPARTMENT HEAD	LAUREN J. MASSET / <a href="mailto:LMASSET@TWSNY.ORG">LMASSET@TWSNY.ORG</a> / 716-674-6086		
PERSON INVOLVED (IF MINOR, PARENT OR GUARDIN)			