



# MEDFORD PARKS & RECREATION

## ACCIDENT/INJURY REPORT FORM

Person Injured: \_\_\_\_\_

Home Address: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Telephone # \_\_\_\_\_

Time of accident: Hour: am \_\_\_ pm \_\_\_ Incident Date: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Equipment involved (if any): \_\_\_\_\_

**Nature of Injury:**

Abrasion	_____	Fracture	_____
Asphyxiation	_____	Poisoning	_____
Bite	_____	Puncture	_____
Bruise	_____	Scald	_____
Burn	_____	Scratches	_____
Cut	_____	Shock	_____
Dislocation	_____	Sprain	_____

Other \_\_\_\_\_

**Part of Body Injured:**

Abdomen	_____	Foot	_____
Ankle	_____	Hand	_____
Arm	_____	Head	_____
Back	_____	Knee	_____
Chest	_____	Leg	_____
Ear	_____	Mouth	_____
Elbow	_____	Nose	_____
Eye	_____	Scalp	_____
Finger	_____	Wrist	_____
Other	_____		

Description of Accident: How did it happen? What was the participant doing? Where was participant? Was it caused by another person? List specifically any unsafe acts, unsafe equipment, or existing conditions: \_\_\_\_\_

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

Supervisor in charge (enter name): \_\_\_\_\_

Present at time of accident? Yes \_\_\_ No \_\_\_

**IMMEDIATE ACTION TAKEN**

First Aid Treatment: Yes \_\_\_ No \_\_\_ If First Aid was given, what was done? \_\_\_\_\_

Sent Home \_\_\_ Sent to Physician \_\_\_ Sent to Hospital \_\_\_

Was parent or other individual notified? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

Name of individual notified \_\_\_\_\_

**Witnesses:**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional information on location/area of accident \_\_\_\_\_

\_\_\_\_\_

Other comments \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_