



# City of San Ramon Parks and Community Services Department Accident / Incident Report

ACCIDENT     INCIDENT

**OCCURRED:**     During a City Program     En-route to / from program     Non-program Time     Co-sponsored Program     Other \_\_\_\_\_

**1. INFORMATION (Victim)**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_     M     F    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_     am     pm        Employee        Participant        Contractor

**2. LOCATION OF ACCIDENT/INCIDENT:**     Dougherty Valley Performing Arts Center  
 San Ramon Olympic Pool and Aquatic Park     San Ramon Community Center     Forest Home Farms Historic Park  
 Alcosta Senior and Community Center     Dougherty Valley Aquatic Center     Dougherty Station Community Center  
 Park: Location \_\_\_\_\_     Gym: Location \_\_\_\_\_     Off-Site: Location \_\_\_\_\_

Pool     Pool Deck     Grass Area     Bleachers     Parking Lot     Locker Room  
 Lobby     Athletic Field # \_\_\_\_\_     (name of room) \_\_\_\_\_     Other: \_\_\_\_\_

**3. ACCIDENT/ INCIDENT TYPE (Check any that apply) If Incident skip to #11**

Diabetic     Cardiac     Bleeding     Burns     Shock     Stroke     Property Damage (describe damage under staff narrative)  
 Water Rescue     Seizure     Heat Related     Bee Sting     Respiratory/Hyperventilation     Other (specify) \_\_\_\_\_

**4. VICTIM'S CONDITION**

**Initial Condition (check all that apply)**

Conscious     Alert  
 Disoriented     Unconscious  
 Breathing     Has Pulse     Wounds/Bruising

**Upon Release**

Conscious     Unconscious  
 Alert     Disoriented

**5. IMMEDIATE STAFF ACTION TAKEN**

First Aid Treatment     Yes     No  
Wear Gloves/Protective Equipment     Yes     No  
*If No Why Not?* \_\_\_\_\_  
E.M.S. Contacted     Yes     No  
Performed Rescue Breathing by: \_\_\_\_\_     Yes     No  
Performed CPR by: \_\_\_\_\_     Yes     No  
AED Administered by: \_\_\_\_\_     Yes     No  
Oxygen Administered     Yes     No     NA  
Other: \_\_\_\_\_

**6. EMS RESPONSE**

Who Contacted \_\_\_\_\_  
EMS: \_\_\_\_\_  
Time Contacted: \_\_\_\_\_ Time Arrived: \_\_\_\_\_  
Name of Responding Officer: \_\_\_\_\_

**7. NATURE OF INJURY**

Pain     Cuts  
 Bleeding     Discoloration  
 Swelling     Scrapes  
 Other (Specify) \_\_\_\_\_

**8. LOCATION OF INJURY**

A. Please Indicate the general location(s) of injury  
 Left     Lower     Front  
 Right     Upper     Back

B. Please indicate specific injured location(s)  
 Eye     Hand     Upper Arm  
 Ear     Thumb     Elbow  
 Nose     Index Finger     Forearm  
 Mouth     Middle Finger     Wrist  
 Facial     Ring Finger     Chest  
 Chin     Little Finger     Knee  
 Scalp     Abdomen     Leg  
 Dental     Pelvis     Ankle  
 Neck     Hip     Foot  
 Shoulder     Other \_\_\_\_\_     Toe

**TRANSPORTATION:**

**TRANSPORTED TO:** \_\_\_\_\_

Driver's Name: \_\_\_\_\_  
 Doctor     Hospital  
 Emergency Vehicle     Home     Private Vehicle     Police  
 Other \_\_\_\_\_

**9. RELEASE TO**

Parent/Guardian     EMS     Other \_\_\_\_\_  
Parent Notification:     Yes     No  
TIME OF RELEASE: \_\_\_\_\_  
Release to Name: \_\_\_\_\_

**10. REFUSAL OF CARE**

Signature of Patient/Guardian if care is refused \_\_\_\_\_ Staff Witness \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  am  pm

Staff Witness \_\_\_\_\_

**11. WITNESSES (Provide separate written statements if necessary.)**

WITNESSES NAME(S)	ADDRESS / CITY / STATE	PHONE #
1. _____ (Last) (First)	_____	(____) _____
2. _____ (Last) (First)	_____	(____) _____
3. _____ (Last) (First)	_____	(____) _____

**12. STAFF INVOLVED IN INCIDENT / ACCIDENT**

STAFF NAME(S)			
1. _____ (Last) (First)	_____	Signature _____	Title _____
2. _____ (Last) (First)	_____	Signature _____	Title _____

**13. STAFF NARRATIVES/Description of accident/incident before, during, after (Use separate sheet as necessary)**

Please only include factual information and observations. Please do not include personal feelings or opinions.

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**14. FOLLOW UP STATUS – by Program or Facility Supervisor**

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**15. SIGNATURES AND FILING**

Signature of Staff Filing Report \_\_\_\_\_ Date \_\_\_\_\_  
Program Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Program Manager Signature \_\_\_\_\_ Date \_\_\_\_\_  
Recreation Division Manager Signature \_\_\_\_\_ Date \_\_\_\_\_  
Director’s Signature \_\_\_\_\_ Date \_\_\_\_\_