



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.

14. FOLLOW UP STATUS – by Program or Facility Supervisor

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 _____