



# INCIDENT REPORT

Hayward Area Recreation and Park District  
1099 'E' Street, Hayward, CA 94541-5299

Name of the person reporting to District \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work phone \_\_\_\_\_

## DESCRIPTION OF THE OCCURRENCE

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ AM  PM

Kind of incident Unsafe condition  Employee conduct  Program complaint

Theft of property  Violation of district regulation  Other

If other, describe \_\_\_\_\_

Location of the incident \_\_\_\_\_

Describe how the incident occurred, include persons, equipment and objects involved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the person reporting the incident doing at the time \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was notified \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a district sponsored activity involved? Yes  No

If yes describe, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person in charge \_\_\_\_\_

Was there any property damage? Yes  No

If yes describe, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# WITNESSES

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes  No   
Comments \_\_\_\_\_

■  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes  No   
Comments \_\_\_\_\_

■  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes  No   
Comments \_\_\_\_\_

■  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes  No   
Comments \_\_\_\_\_

■  
Was a police or fire report filed? Yes  No

Was a citation issued? Yes  No

If yes, by whom \_\_\_\_\_

■  
Completed by, Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

■  
Reviewed by, Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# ACCIDENT REPORT – Injury to Public

Hayward Area Recreation and Park District

1099 E Street, Hayward, CA 94541

Name of injured \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ AM [ ] PM [ ]

Location of the accident \_\_\_\_\_

Description of the injury/part(s) of the body involved:

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

Describe how the accident occurred; include persons, equipment and objects involved:

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

What was the injured person doing at the time the accident occurred:

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

Who was notified \_\_\_\_\_ Relationship \_\_\_\_\_

Was the injured person taken.....Home [ ] Hospital [ ] Doctor [ ] Other [ ]

If other, where \_\_\_\_\_

Was a police or fire report filed? Yes [ ] No [ ] Was a citation issued? Yes [ ] No [ ] Unknown [ ]

If yes, by whom \_\_\_\_\_

Was 911 called? Yes [ ] No [ ] Was first aid provided? Yes [ ] No [ ]

If yes, who administered first aid:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If injured was taken to a hospital, give name and address of hospital \_\_\_\_\_

Was the injured participating in a district-sponsored activity? Yes [ ] No [ ]

Name of person in charge \_\_\_\_\_

Was there any property damage? Yes [ ] No [ ]

If yes, describe:

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**WITNESSES (use additional sheets if necessary)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes [ ] No [ ]  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes [ ] No [ ]  
Comments: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ District Employee Yes [ ] No [ ]  
Comments: \_\_\_\_\_

Remarks (include remedial action contemplated to avoid recurrence):

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Completed by:

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by:

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_