



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:

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):

Completed by:

Print Name _____ Title _____
Signature _____ Date _____

Reviewed by:

Print Name _____ Title _____
Signature _____ Date _____