

### **ACCIDENT / INCIDENT REPORT**

This report must be completed when injuries, property damage and/or any malicious activity occur and managing staff needs to be formally notified. It is recommended to complete this report in the case of "near misses" so they can be discussed and used to develop best practices.

#### **ACCIDENT / INCIDENT INFORMATION**

When: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ a.m./p.m.

Where (facility, location within, landmark): \_\_\_\_\_

What: ☐ Accident \_\_\_\_\_ ☐ Incident \_\_\_\_\_

Who: ☐ Program Participant ☐ Customer ☐ Visitor ☐ Volunteer ☐ Staff/Contractor ☐ Other \_\_\_\_\_

#### **PERSON(S) INVOLVED**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If under 18 yrs: Was parent/guardian present? ☐ Yes ☐ No Was Parent/Guardian contacted? ☐ Yes ☐ No

If contacted, parent/guardian name & phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If under 18 yrs: Was parent/guardian present? ☐ Yes ☐ No Was Parent/Guardian contacted? ☐ Yes ☐ No

If contacted, parent/guardian name & phone: \_\_\_\_\_

#### **STAFF/CONTRACTOR ON DUTY**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **DETAILS OF ACCIDENT / INCIDENT**

What happened: \_\_\_\_\_

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Describe any injury(s), damages, loss: \_\_\_\_\_

*Note: If product/equipment was damaged or has failed as a result, please immediately terminate use and retain*

Action(s) taken/care provided (include by whom): \_\_\_\_\_

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**WITNESS(S)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY SERVICES INFORMATION**

Was 911/EMS called? ☐ Yes ☐ No If yes, by: \_\_\_\_\_ Time called: \_\_\_\_\_ a.m./p.m.

EMS Representative: \_\_\_\_\_ Report #: \_\_\_\_\_

Was Sheriff notified? ☐ Yes ☐ No Representative: \_\_\_\_\_ Report #: \_\_\_\_\_

**REPORT SUBMITTED BY:**

\_\_\_\_\_  
Employee/Contractor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REPORT REVIEWED BY:**

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**ONLY IF APPLICABLE**

**REFUSAL OF PATIENT CARE**

I, \_\_\_\_\_, acknowledge that it has been explained to me, by an employee of the City of San Marcos, that I, or my minor child, are in need of medical care. I understand that the City of San Marcos employee is neither denying care nor withholding care. I understand that I am not being abandoned by the treating employee and am fully aware that by refusing care worsening of the injury/illness may occur, possibly leading to permanent disability or death.

Signature for refusal of care: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship (to patient): \_\_\_\_\_