


CITY OF CLAREMONT
Parks & Recreation
ACCIDENT/INCIDENT REPORT

Facility where occurred: _____

Name of injured/incident _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____ Age _____ M _____ F _____

Date of accident /incident _____ Time _____

Describe accident/incident _____

Is corrective action to the facility needed where accident/incident occurred? Yes___ No___

Please describe if yes: _____

Was First Aid administered? Yes ___ No ___ Police /Emergency Services called Yes___ No___

What type and by whom? _____

Witnesses

1. _____ Signature _____ Phone _____

2. _____ Signature _____ Phone _____

3. _____ Signature _____ Phone _____

Report filed by: _____ Date _____ Phone _____

Signature: _____ Date _____

Approved by: _____ Date _____

THIS FORM MUST BE FILED WITHIN 12 HOURS AFTER THE ACCIDENT/INCIDENT OCCURS.