

Check all that apply:

Employee Participant Volunteer	Property damage Theft	
Date of incident: Time o	f incident:	
Name of injured party:		
Height of injured party:	Weight of injured party:	
Home address and phone number of injured party:		
Where on the facility grounds did the incident occur? Please be specific		

If applicable, where in the park did the incident occur? Please mark with an X.

And and a second a		
Type of incident, please mark box with R	Rescue), A (Assist), W (Walk-up First Aid):	

Were there any witnesses? Record name(s) and phone number(s).

Please list the guard(s) performing the (R), (A), or (W) and the guards directly to the left, right and across from guard(s) performing (R) or (A)

What part of the body was injured? Provide a description of the injury.

Incident details:		
Action taken:		None required Refusal of Care (Signature of patron required) Released to Parent/guardian/spouse/relative/friend Advised to see a physician First aid given. If so, what type:
		EMS notified at EMS arrived at
Facility Property Damag	□ e or Theft:	Injured party transported to
Nature of incident:	Vandalism	Theft Incident Accident
List property damage and/o	or property	stolen. (Please list inventory/serial numbers if applicable.)
Were police notified/involv If so, give officer's name a		Yes 🗌 No e number:
Name of person filing incid GCRD title and work locat	dent report	
Date:		
Follow Up:		
Date:		
Executed by:		
Comments:		
Insurance claim: 🗌 Ye	es 🗌	No
Reported by:		
Date reported:		
SCIRF Claim Number:		

Report should be completed immediately while details are fresh. Submit the report as soon as possible no later than 5:00 pm the next working day.

Reports of <u>employee injury</u> should be submitted to Human Resources. All other reports should be submitted to the Finance Department. (Modified 5/1/12)