



# USER ACCIDENT REPORT

**Name of Injured** \_\_\_\_\_ Sex M/F Age \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Date Accident Occurred** \_\_\_\_\_ **Facility Name** \_\_\_\_\_  
 Type of Facility (check one)  Recreation Center  Playground  Beach  Pool  Other  
 (specify) \_\_\_\_\_

**Nature of Injury** \_\_\_\_\_  
 Part of Body Injured \_\_\_\_\_  
 First Aid Received \_\_\_\_\_  
 What was injured person doing at the time of the accident? \_\_\_\_\_  
 \_\_\_\_\_  
 Was injured disobeying any regulations in force?  If yes, which? \_\_\_\_\_  
 Witnesses to Accident      1. \_\_\_\_\_  
    2. \_\_\_\_\_  
    3. \_\_\_\_\_  
 Was "911" called? \_\_\_\_\_ By whom? \_\_\_\_\_  
 Name or Badge Number of Officer or Medical Personnel \_\_\_\_\_  
 Were parents/guardians notified? \_\_\_\_\_ By Whom? \_\_\_\_\_  
 Time of Contact \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_  
 Reason for Failure to Contact \_\_\_\_\_  
 Disposition:  Sent Home  Sent to MD  Sent to Hospital  Remain on Premises  
 Transportation:  Walked  Private Vehicle  Ambulance  Other \_\_\_\_\_

**Date/Time of Report** \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Follow-up Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_