



City of Pittsburg

65 Civic Avenue, Pittsburg, CA 94565

Accident / Incident Report

Person injured (please check): Volunteer Participant Other _____

Date of Accident / Incident _____ Time of Accident / Incident _____

Name of Injured Person _____ Age _____ Sex _____

Name of Organization / Business _____

Address _____

City _____ Zip Code _____ Telephone _____

Number of Persons injured in Accident / Incident _____

Place of Accident / Incident (indicate facility & area) _____

Description of Accident / Incident

Describe in detail. What was the injured party doing when the accident / incident occurred? Who else was involved?

Part(s) of body injured (e.g. back of right leg, 6" below knee, etc.) Note extent of injury. (Attach additional sheets as needed.)

Immediate Action Taken

(Please check)

No Treatment of Injury

First Aid Administered By _____ Time _____

Taken Home By _____ Time _____

Taken to Physician By _____ Time _____

Physician's Name _____ Phone _____

Address _____
Street City Zip Code

Taken to Hospital By _____ Time _____

Hospital _____ Physician _____

Police Dept Notified By _____ Responding Officer _____

Fire Dept Notified (Paramedics) By _____ Responding Officer _____

Was a parent / guardian notified? Yes No

If yes, give name and relationship to injured person: _____

When and how were they notified? _____

Witnesses

Name _____ Phone _____ Age _____

Address _____
Street City Zip Code

Name _____ Phone _____ Age _____

Address _____
Street City Zip Code

Comments: _____

What actions would you recommend for preventing a recurrence of this accident / incident? _____

Person in charge / on-duty at time of accident / incident _____ Phone _____

Address _____
Street City Zip Code

Accident Occurred: During a City Program En Route To/From Program
 Non-program Time Other _____

Person Filing Report: _____ Date: _____
Signature and Print Name

Job Title & Department: _____

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Copy to Director _____
Name / Title / Department

Copy to HR for City Safety Committee

Copy for Department Files

Original to Risk Claims Representative