

# Randolph Township

## Parks, Recreation and Community Services Department

### ACCIDENT/INJURY REPORT FORM

Report all incidents that require assistance. Turn completed form in to the Department of Parks, Recreation and Community Services within 24 Hours of the incident.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Location of Incident \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

How did incident occur?  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the nature of the injury and the body parts affected:  
 \_\_\_\_\_  
 \_\_\_\_\_

What care was provided? \_\_\_\_\_

Attended by: \_\_\_\_\_

Was anyone including the attendant exposed to bodily fluids? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the family notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Who was notified? \_\_\_\_\_

Physician called? Yes \_\_\_\_\_ No \_\_\_\_\_ Name and phone # \_\_\_\_\_

Emergency called? Yes \_\_\_\_\_ No \_\_\_\_\_ Ambulance \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ Other \_\_\_\_\_

Where taken? Name of hospital: \_\_\_\_\_ Other: \_\_\_\_\_

Witnesses: Name \_\_\_\_\_ Address \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If Randolph employee injured: \_\_\_\_\_  
 Title Dept. SS#

Did Randolph employee miss any work due to injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date returned to work: \_\_\_\_\_  
 =====

**For office use only: Insurance Company notified? Date: \_\_\_\_\_ By: \_\_\_\_\_**