



City of Orinda
28 Orinda Way
Orinda, CA 94563

Accident Report

This form is to be filled out and turned in to the City of Orinda Parks & Recreation Department within one working day of an injury to participants or facility users, or any unusual incident that should be noted. Please complete all applicable sections and submit to Orinda camp staff by the end of the day of the accident..

Date of accident: _____ Time of accident: _____

Name of person injured: _____ Age: _____ If minor, were parents notified? _____

Address: _____ Phone: _____

Exact location (include facility name): _____

Describe in detail the circumstances that led up to the accident (use names of those involved).

Describe in detail the nature of the accident itself (include body parts affected). _____

What was done with the injured person after the incident? _____

By whose orders? _____ Were Police, Fire or 911 called? _____

Time report was made: _____ Time response was made: _____

Name of Police Officer and/or Fire Dept: _____

What was done by Police and/or Fire to assist? _____

Was injured person transported to the hospital? _____ If so, which one? _____

Witnesses (please provide two witnesses):

Name: _____

Phone: _____ (home/cell/office?)

E-mail Address: _____

Name: _____

Phone: _____ (home/cell/office?)

E-mail Address: _____

Additional Comments: _____

Please provide your contact information so we can reach you should there be any further investigation.

Name: _____

Phone: _____ (home/cell/office?)

E-mail Address: _____

Signed: _____ Date: _____

***Please attached any additional information.