



# GRANVILLE RECREATION DISTRICT

## Accident Report

Name of injured party: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Class or Activity in which enrolled: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Where did accident occur? \_\_\_\_\_

What was the injured party doing when he/she was injured? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What piece of equipment, if any, was involved? \_\_\_\_\_

Name and location of supervisor / volunteer at time of accident: \_\_\_\_\_

\_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Type of injury sustained? \_\_\_\_\_

First aid administered: \_\_\_\_\_

Did the party seek medical assistance? \_\_\_\_\_ Was EMS called? \_\_\_\_\_

Describe what happened (Continue on back): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Yes    No

—    —    Were blood products or bodily fluids present?  
—    —    Were universal precautions taken?  
—    —    What protective gear was worn by the Employee / Volunteer?  
—    —    Did an exposure incident occur? Employee / Volunteer name? \_\_\_\_\_

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Witness 1 (name, address, phone, signature)

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Witness 2 (name, address, phone, signature)

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Witness 3 (name, address, phone, signature)

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Signature of person filling out report: \_\_\_\_\_

Address of person filling out report: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Additional notes: \_\_\_\_\_

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Date: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Executive Director's Review**

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