



City of Newport Beach
Recreation & Senior Services Department

Accident Report

Name of Injured _____ Date of Birth _____ Phone _____

Address _____ City _____ Zip _____

Date of Accident _____ Time of Accident _____ am/pm

Location of Accident: _____

Describe Injury/Exposure, Part of Body Involved, How and Where It Occurred

[Empty box for describing injury/exposure]

Please use reverse side of this page if needed

Summary of Accident/Injury Investigation and Treatment Given:

[Empty box for summary of investigation and treatment]

An Unsafe Condition Resulted From (Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Defective Equipment | <input type="checkbox"/> Slippery or Uneven Walking Surfaces |
| <input type="checkbox"/> Equipment Not Properly Guarded | <input type="checkbox"/> Layout of Facility |
| <input type="checkbox"/> Facility Conditions | <input type="checkbox"/> House Keeping |
| <input type="checkbox"/> Exposure Incident | <input type="checkbox"/> Other (Specify) |

An Unsafe Act Resulted From (Check All That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Not Following City/Class Safety Rules | <input type="checkbox"/> Improper Attitude |
| <input type="checkbox"/> Improper Equipment | <input type="checkbox"/> Failure to Use Personal Protective Equipment |
| <input type="checkbox"/> Not Using Safety Devices | <input type="checkbox"/> Actions of Another |
| <input type="checkbox"/> Lack of Knowledge or Skill | <input type="checkbox"/> Improper Body Position (Lifting, Carrying) |
| <input type="checkbox"/> Other (Specify) | |

Others Involved: _____
Name/Phone # Name/Phone # Name/Phone #

Signature of person completing form: _____ Date _____

Parent/Guardian Acknowledgement _____ Date _____

Recreation Division Signature _____ Date _____