

# Incident/Accident Report Paradise Services Association

Date and Time of the accident/Incident: \_\_\_\_\_ Date reported? \_\_\_\_\_

Employee's Name & title completing the report: \_\_\_\_\_

If an incident, who was involved (member, family member or member guest)?  
\_\_\_\_\_

Where did the accident/Incident happen? (Park/Marina/play area/Hut) \_\_\_\_\_

Accident/Incident Summary (general description): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Treatment information\***

Was medical treatment given: Yes or No By whom? \_\_\_\_\_

Describe treatment \_\_\_\_\_

Was additional medical treatment called to the scene for further evaluation or transport to a medical facility: Yes or No

Name of injured party: \_\_\_\_\_ Minor? (yes/no) \_\_\_\_\_

\*If minor, name of parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date and Time BOD Officer was notified of accident/incident: \_\_\_\_\_

BOD Officer Signature: \_\_\_\_\_ Date \_\_\_\_\_