



Chico Area Recreation & Park District

Incident Report Form

Complete this report for any unexpected event involving injury, illness, unsafe conditions, property damage, or behavioral concerns. Separate reports are required if multiple people are involved. This is an internal form to be completed by employees and volunteers and is not to be copied or distributed.

Date of Incident: _____ **Time of Incident:** _____

Type of Incident: (choose all that apply)

- Injury Safety Concern Altercation Equipment/Vehicle Accident
- Near Miss (an unsafe event that could have resulted in injury or damage)
- Property Damage Vandalism Other: _____

Severity of Incident:

Minor incidents that are resolved quickly with no lasting impact do not require documentation.

- Level 1- Moderate** (required intervention, some disruption)
- Level 2- Serious** (required emergency services, significant disruption or external agency notification)
- Level 3- Critical** (life threatening injury, major facility impact, law enforcement intervention)

Individual Involved:

Name of Person Involved: _____ DOB: _____

Phone: _____ Address: _____

- Person refused to give information OR information was not available

Parent/Guardian: (Parent/Guardian must be notified if incident involves a minor)

Parent/Guardian Name: _____ Phone: _____

When was the parent/guardian notified? _____

Location of Incident:

Facility/Park/Site where the incident occurred: _____

Specific area incident occurred at the location: _____

Type of Activity/Program:

Was the individual participating in a CARD program? (Yes/No/Unsure) _____

- Public use of Park/Facility Private Rental CARD Special Event Ice Rink
- Youth Sports Adult Sports ASP CARD Camp Contract Program
- Other Youth Other Adult Workplace/Employee

Witnesses to Incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Incident Narrative:

Describe what happened. Be specific and factual. Include the sequence of events, what was directly observed, and any contributing factors:

Indicate Actions Taken: (choose all that apply)

Supervisor contacted (required for incidents level 2+) Work Service Request submitted

Individual sat out from activities for (duration) _____ Removal from program

First-Aid Rendered- What aid was provided? _____

Who provided aid? _____ Phone: _____

Medical services requested Cleanup of location Facility/Event/Program shut down

Law Enforcement involved Case # and info: _____ Other: _____

Follow Up Report (office use only) Follow up required with level 2+ incidents.

Name: _____ Date: _____ Job Title: _____

Report Prepared By:

Name: _____ Date: _____ Job Title: _____

Report Reviewed and Digitally Recorded By:

Name: _____ Date: _____ Job Title: _____