



# NEW BERN PARKS & RECREATION ACCIDENT/INCIDENT REPORT



This form is to be filled out by staff immediately after an accident/incident. Submit this form to your Supervisor for review. Form & attachments should be submitted to Parks and Recreation Administration for final review and processing within two hours of the accident/incident. Additional paperwork may be required for accidents/incidents involving city employees. Notify the Director of Parks and Recreation in the event of processing delays.

**WITNESS STATEMENTS/ADDITIONAL COMMENTS MAY BE WRITTEN ON BACK OR ATTACHED.**

This incident involved (*Please check all that apply*):

- Patron                       City Employee                       Personal Property  
 City Property                       Accident                       Incident

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name of Person(s) Involved: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Park/Facility where Incident occurred: \_\_\_\_\_

Specific location of incident (*Please be detailed*): \_\_\_\_\_

Please describe what happened (*Be specific with details*) \_\_\_\_\_

Was First Aid Provided by Staff:     Yes     No    By whom: \_\_\_\_\_

Describe (*in detail*) First Aid administered: \_\_\_\_\_

Was 911 Called:                       Yes     No                      By whom: \_\_\_\_\_

Was Victim Transported:             Yes     No                      Where: \_\_\_\_\_

Was Emer. Contact Called:           Yes     No                      Time: \_\_\_\_\_ by whom: \_\_\_\_\_

If accident, Follow up contact made within 24 hours after by: \_\_\_\_\_  
Report Prepared by: \_\_\_\_\_ Reviewed by Supervisor: \_\_\_\_\_  
Reviewed by Director of Parks & Recreation \_\_\_\_\_  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS INFORMATION (Witness comments must be attached to this form)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROVIDE ADDITIONAL INFORMATION (PHOTOS, WITNESS STATEMENTS, DESCRIPTIONS, ETC... BELOW**