

**RECREATION AND PARKS
PUBLIC EVENT - PERSONAL INJURY REPORT**

Event Name: _____
 Facility/Park/Street/Location: _____ Date: _____ Time of Incident: _____ am/pm
 Report Prepared by: _____ Signature: _____

INJURED PARTY INFORMATION:



First Name: _____ Last Name: _____ Age: _____ Sex: Male/Female
 Address: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____ ext. _____
 Cell Phone: _____

VICTIM CONDITION ASSESSMENT: CHECK APPROPRIATE AREAS	YES	NO
Were Emergency Medical Services called? (ambulance, fire dept., police)		
Was the victim conscious at all times after the injury, prior to the arrival of emergency services?		
Was the victim breathing independently at all times after the injury prior to arrival of emergency services?		
Did the victims pulse stop or change dramatically after the injury and prior to arrival of emergency services?		
Were first aid or subsequent emergency services refused? If yes, by whom?		
Was the victim wearing any medical alert tags, bracelets, etc. or was a known health condition involved in this incident? e.g. allergy, asthma listed on participant medical forms. If so, explain in next section (below) or attach a photocopy of the medical form listing details.		

Describe in detail the specific first aid treatment provided if any prior to the arrival of emergency services, if called. Note any medical identification tags.

Name(s) of Persons who provided first aid: _____

Describe Treatment provided: _____

<p>Using circles and arrows identify areas of injury on diagrams below:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>Front</p> <p>Right Left</p>  </div> <div style="text-align: center;"> <p>Back</p> <p>Left Right</p>  </div> </div> <p>Check injury descriptions:</p> <table border="0"> <tr> <td><input type="checkbox"/> Closed fracture</td> <td><input type="checkbox"/> Open fracture</td> </tr> <tr> <td><input type="checkbox"/> Burn</td> <td><input type="checkbox"/> Laceration (cut)</td> </tr> <tr> <td><input type="checkbox"/> Puncture wound</td> <td><input type="checkbox"/> Amputation</td> </tr> <tr> <td><input type="checkbox"/> Bleeding nose</td> <td><input type="checkbox"/> Sprain</td> </tr> <tr> <td><input type="checkbox"/> Trauma (external object hit body)</td> <td></td> </tr> </table>	<input type="checkbox"/> Closed fracture	<input type="checkbox"/> Open fracture	<input type="checkbox"/> Burn	<input type="checkbox"/> Laceration (cut)	<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Amputation	<input type="checkbox"/> Bleeding nose	<input type="checkbox"/> Sprain	<input type="checkbox"/> Trauma (external object hit body)		<p>Complete the follow-up/action information below:</p> <p>Did the victim go to the hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Did the victim resume activities? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Mode of transportation, if attended hospital:</p> <p><input type="checkbox"/> By Ambulance OTHER: _____</p> <p><input type="checkbox"/> Exited facility on his/her own</p> <p>Which medical facility? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Closed fracture	<input type="checkbox"/> Open fracture										
<input type="checkbox"/> Burn	<input type="checkbox"/> Laceration (cut)										
<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Amputation										
<input type="checkbox"/> Bleeding nose	<input type="checkbox"/> Sprain										
<input type="checkbox"/> Trauma (external object hit body)											

Provide a detailed and **factual** description of the incident which resulted in the injury. **Do not** include assumptions or your opinion of what **may** have happened; simply state the facts of the situation. If more paper is required, it may be used. Ensure you note below if additional information sheets have been attached, noting the date and time and victim's name at the top of the sheet in case they become separated.

More paper attached Complete report below on this sheet only

Describe the exact accident location, as well as any weather, lighting, air/water temperature, traveling surface conditions (i.e. ice, snow, pool deck, etc.) or objects if they were involved in the injury.

Please identify the names and other information regarding witnesses and others who were involved at the scene.

Emergency Services (if indicated on 1st page)

911 called: _____ am/pm EMS arrived: _____ am/pm

Which Emergency Services were involved? ___ Fire Dept. ___ Police ___ Ambulance

Fire Department Report #: _____

Police Badge #: _____ District #: _____

Police Occurrence #: _____

Ambulance Report #: _____

WITNESSES:

1. Name _____
Address _____
Home Phone _____ Work Phone _____

2. Name _____
Address _____
Home Phone _____ Work Phone _____

3. Name _____
Address _____
Home Phone _____ Work Phone _____

4. Name _____
Address _____
Home Phone _____ Work Phone _____

This form must be submitted to the Recreation Supervisor – Community Development within the first business day following the event.

Report Submitted By: _____ Date: _____

Reviewed by: _____

Community Development Coordinator: _____ Date: _____

Recreation Supervisor – Community Development: _____ Date: _____

Manager: _____ Date: _____

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990, CF 31 and will be used to facilitate the investigation of personal accident/incident/rescues arising in programs and facilities. Questions should be directed to the Commissioner of Recreation & Parks at 905-873-2601, ext 2265.