



Department of Recreation & Cultural Affairs

330 Passaic Street, Passaic NJ 07055 • 973-365-5525

Incident Report Form

Use this form to report accidents, injuries, medical situations, or incidents (theft, property damage). Incidents involving a traffic accident must be reported immediately. This form should be completed within 24 hours of the event. *Submit completed forms to the Recreation office.

INFORMATION ABOUT PERSON(S) INVOLVED IN THE INCIDENT		
Name:	Date of Birth:	
Address:	Phone #:	
Name:	Date of Birth:	
Address:	Phone #:	
INFORMATION ABOUT THE INCIDENT		
Type of Incident: <input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Medical Situation <input type="checkbox"/> Theft <input type="checkbox"/> Property Damage <input type="checkbox"/> Other _____	Did the Incident occur at a City Sponsored Event/Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Event/Activity:	
Date of Incident	Time of Incident	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No EMS Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (What happened, factors leading to the event, etc.) Be as specific as possible & attached additional sheets if necessary.		
Was the individual injured? If so, describe the injury (laceration, sprain etc.), the body part injured and any other information known about the resulting injury(ies).		
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Witness:	Address:	Phone #:
Name of Witness:	Address:	Phone #:
REPORT SUBMITTED BY:		
Print Name: _____	Signature: _____	DATE: _____
FOR OFFICE USE ONLY - Document any follow-up action taken after receipt of the incident report.		
Date:	Action Taken:	By Whom:
Date:	Action Taken:	By Whom:

NOTIFICATION OF INJURY/INCIDENTS & REPORTS

Coaches/Employee Responsibility

All coaches/employees are responsible for immediately reporting (to the Superintendent of Recreation or designated personnel) any incident or injury including near misses.

When to Report

Incidents that must be reported and documented include:

1. Accident, Injury: player, visitor, coach or other incidents, which results or may result in injury.
2. Exposure Incidents: skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
3. Event, Behaviors, or Actions: unusual incidents, contrary to agency policy or procedure or which may result in injury.
4. Property damage or missing articles.
5. Write objectively, avoiding opinions, judgments, conclusions, or assumptions about who or what caused the incident. Tell your opinions to your supervisor later.

Steps

1. Notify your immediate supervisor immediately.
2. **A Notification of Incident/Injury** must be completed online at:
www.cityofpassaic.com/rec
(Notification is immediately received.)
3. **An Incident Report Form** must be submitted to the Dept. of Recreation within 24hours.
4. If the incident resulted in an injury the Parent or (Adult Player) must complete the **BMI Benefits Insurance Claim Form** and submit to the Dept. of Recreation along with any forms given to them at the hospital or doctors office. Hospital/Doctor bills will be covered by the insured primary insurance. The City of Passaic's insurance is the secondary insurance and should cover whatever the primary insurance does not.
5. Follow-up will be done by the designated person at the Dept. of Recreation.

Tips for Reporting Incidents:

1. All sections of the Incident/Injury Report must be completed. If additional space is needed, you may attach a second page to fully describe an incident.
2. Document the incident as it occurred and remember to be detailed ex: player hurt his leg. Which leg, left or right? What part of the leg was injured? How did the injury occur?
3. Document any unusual occurrences that you witnessed.