

# ACCIDENT REPORT

City of Tempe Community Services Department  
3500 S. Rural Road  
Tempe, Arizona 85282  
(480) 350-5000 TDD: (480) 350-5050



Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM Site/Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Phone: H) \_\_\_\_\_ W) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Phone: H) \_\_\_\_\_ W) \_\_\_\_\_ Phone: H) \_\_\_\_\_ W) \_\_\_\_\_ Phone: H) \_\_\_\_\_ W) \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Where did accident occur on site: Indicate exact location. (Attach diagram if needed) \_\_\_\_\_

Describe how accident occurred: (Be specific) \_\_\_\_\_

Type of Injury: (Be specific, swollen left ankle, bruised center of forehead, etc.): \_\_\_\_\_

Describe any first aid given by staff: \_\_\_\_\_

List first aid supplies used by staff: \_\_\_\_\_

Were paramedics notified: Y N Time Called: \_\_\_\_\_ AM PM Time Arrived: \_\_\_\_\_ AM PM Report #: \_\_\_\_\_

Were police notified: Y N Time Called: \_\_\_\_\_ AM PM Time Arrived: \_\_\_\_\_ AM PM Report #: \_\_\_\_\_

Were Parent/Legal Guardian Notified? Y N Who was notified (name): \_\_\_\_\_ Relationship: \_\_\_\_\_

If paramedics were called, describe any aid given by paramedics: \_\_\_\_\_

Were bodily fluids present with this accident: Y N

Were precautions used to prevent exposure by staff to bodily fluids: Y N

If yes, describe precautions used (gloves, mask, etc.): \_\_\_\_\_

Did any bodily fluids from the injured party come in contact with any open wound or mucous membrane of any staff: Y N

If yes, describe contact: \_\_\_\_\_

Additional information (comments from the injured party, witnesses, paramedics, etc.): \_\_\_\_\_

Employee making report: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Causal Factors (Events and conditions that contributed to the Accident): \_\_\_\_\_

Corrective Actions (Actions that have been or will be taken to prevent recurrence): \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Copy sent to Risk Management: Y \_\_\_\_\_ N \_\_\_\_\_