



# City of Santa Clarita Accident/Incident Report

Incident     Patron     Vehicle

Date of Accident/Incident: \_\_\_/\_\_\_/\_\_\_    Time of Accident/Incident: \_\_\_\_\_ a.m.  
Location: \_\_\_\_\_ Vehicle # (if applicable): \_\_\_\_\_  
Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor (if applicable): \_\_\_\_\_  
Name of Parent/Guardian (if under 18 years old): \_\_\_\_\_  
Phone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Accident Reported to (Name/Title): \_\_\_\_\_ Date/Time: \_\_\_\_\_

### Description of Accident/Incident

### Description of Damage/Injuries: (if any)

Property Damage or Loss?  No  Yes, please list below

| Quantity | Description of Item | Serial/License # |
|----------|---------------------|------------------|
|          |                     |                  |
|          |                     |                  |
|          |                     |                  |

### Witness/Person Involved

| Name | Address | Phone Number | Comments |
|------|---------|--------------|----------|
|      |         |              |          |
|      |         |              |          |
|      |         |              |          |

### Action Taken

First Aid: \_\_\_\_\_ Administered by: \_\_\_\_\_  
 Medical Attention:  No  Yes, Name of Doctor and/or Hospital: \_\_\_\_\_  
 Refused Attention (Signature of injured, or parent/guardian required)  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Method of transportation:  Ambulance  Private Vehicle  Other \_\_\_\_\_  
Blood/other potential infectious materials present?  
 No  Yes, protective personal equipment worn: \_\_\_\_\_  
Did an exposure incident occur?  
 No  Yes, describe route of transmission: \_\_\_\_\_  
Parties notified (check all that apply):  
 911  Sheriff  Supervisor  Parent/Guardian  Human Resources  School

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Division Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewed by Risk: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Human Resources

Copy: Supervisor

Copy: Risk Management