TRAILER ESTATES PARK AND RECREATION DISTRICT
ACCIDENT AND INCIDENT REPORTING

Trailer Estates values the health and safety of its residents, guests and visitors. If an accident or incident occurs on District property, it is critical to gather information and document the event for reporting purposes. An incident or accident is defined as any event that leads to a personal injury to a resident, guest or visitor.

EMS IS TO BE CALLED FOR EVERY ACCIDENT AND INCIDENT OCCURRING ON DISTRICT PROPERTY. DO NOT MOVE THE INDIVIDUAL OR ASSIST IN MOVING THE INDIVIDUAL. IF THE INJURED INDIVIDUAL REFUSES THE EMS CONTACT, PLEASE NOTE ON THE FORM ON THE OTHER SIDE.

1.) Following an accident or incident, the form on the other side must be completed as soon as possible. This form can be located next to each first aid box as well as in the Trailer Estates Office.

2.) The form on the other side should be completed by anyone who witnessed the event. This could include another resident, guest, visitor, instructor, staff, etc.

3.) The incident reporter is asked to gather the injured person's name and contact information, description of the injury (fall, altercation, etc.), if EMS was called and the outcome of the call, and if the injured party refuses the EMS contact. All contact information (names and telephone numbers) of all witnesses should be included on the attached form. Photographs or videos should be taken of the incident site at the scene if possible. The date, time, a short description of what is shown (including directions of the pictures or videos) and name of the photographer for the photographs or videos should be noted on or in the information. If the incident occurs at a time when the good pictures or videos cannot be obtained (for example, at night or during a storm), such pictures or videos of the incident site shall be taken as soon as possible after the incident.

4.) The completed form (on the other side) should be turned into the Trailer Estates office as soon as possible during office hours. If the event occurred after the office is closed, then it should be deposited in the Night Drop Box.

5.) The office manager or designee will be responsible to review the submitted information and then complete the online accident/incident report through the District's liability carrier. Further information regarding the incident may need to be gathered, if requested by the insurance company.

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Date of incident: _____ Time of Incident: _____ AM/PM

Location of Incident: _____

Name of injured person: _____

Address: _____

Telephone number(s): _____

Date of birth: _____ Male _____ Female _____

Who was injured? (Circle one) Resident Guest Family Member

Type of injury: _____

Describe injury/incident: _____

_____

_____

_____

_____

_____

_____

Was first aid administered? Yes ____ No ____ If yes, describe: _____

_____

Was EMS called? _____ If yes, what was the outcome? _____

_____

_____

Did injured person refuse EMS contact? No _____ Yes _____

List individuals who witnessed incident/accident? Include their contact Information.

_____

_____

_____

_____

Signature of injured person: _____ Date _____

Signature of person who took report: _____ Date _____

This completed form must be taken to the office <u>as soon as possible</u> and given to office staff or placed in the Night Deposit after hours.