



City of Laguna Niguel Parks and Recreation Department

Contract Instructor Accident Report

Name of Injured Student:

Date of Birth:

Phone number:

Address:

City:

Zip Code:

Email Address:

Date of Incident:

Time of Accident:

Location of Incident:

Accident Report Details

Describe Injury/Exposure, Part of Body Involved, How and Where it Occurred (Please use reverse side if necessary):

Summary of Accident/Injury Investigation and Treatment Given:

An Unsafe Condition Resulted From (Check All That Apply):

- Defective Equipment
- Equipment Not Properly Guarded
- Facility Conditions
- Exposure Incident
- Slippery or Uneven Walking Surfaces
- Layout of Facility
- House Keeping
- Other (Specify in Report Details)

An Unsafe Act Resulted Form (Check All That Apply):

- Not Following City/Class Safety Rules
- Improper Equipment
- Not Using Safety Devices
- Lack of Knowledge or Skill
- Improper Attitude
- Failure to Use Protective Equipment
- Actions of Another
- Improper Body Position
- Other (Specify in Report Details)

Others Involved (Name/Phone #)

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Signature of Instructor Completing Form:

Parent/Guardian Acknowledgment:

Date:

Recreation Division Signature:

Date: