

MIAMI COUNTY PARK DISTRICT



Administration Office
2645 E. St. Rt. 41 Troy, OH 45373
Phone: 937-335-6273
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www.MiamiCountyParks.com

ACCIDENT/ILLNESS INVESTIGATION FORM

Complainant's Information:

Name: _____ Age/DOB: _____

Address: _____ City, State: _____

Tel # (Hm): _____ (Wk): _____

Sex: M ☐ F ☐

If juvenile name of parent/guardian: _____

Accident, Illness, or Injury Information:

Category: Accident ☐ Injury ☐ Illness ☐

Date of Incident: _____ Time: _____ am pm

Date Reported: _____ To Whom: _____

Location of Incident (be specific): _____

Witnesses (names, phone #s): _____

Employees present: _____

Accident, Illness, or Injury Description (include all contributing factors): _____

See Statement Form for Additional Information

Nature of Injury/Illness (formal prognosis is not required): _____

Name of Doctor: _____ Hospital: _____

Treatment given (on-scene): _____

What was injured's account of incident?: _____

What was witness's account of incident?: _____

Describe location of incident(lighting, floor conditions, housekeeping, etc): _____

Photos taken (attach): () yes () no

Weather conditions at time of incident: _____

Actions taken to prevent reoccurrence: _____

Do You think a claim will be made?: () yes () no

Signatures:

Employee investigating incident: _____
Name Date

Supervisor/Safety Officer: _____
Name Date