Incident/Injury Report Form

Please Print

In the event of injury while volunteering, please notify City of Oakland staff immediately at adoptaspot@oaklandca.gov, 510-238-7630.

Name of (Injured Person)	Gender M ☐ F ☐	Birthday	E-Mail

Address of Injured Person and Best Contact Phone Number (Include Area Code)

If Applicable, Parent's Name, Address, and Best Contact Phone Number (Include Area Code)

Date and Time of Accident	Place where Accident Occurred

Type of Injury suspected if known (Check any that apply):

☐ Bruise ☐ Dislocation ☐ Laceration ☐ Concussion ☐ Fracture ☐ Sprain/Strain

Other(Specify)_____

_____

Body Part Injured (Note side of Injury using "R" for Right side and "L" for Left Side)

☐ Hand ☐ Foot ☐ Arm ☐ Shoulder ☐ Back ☐ Head ☐ Face ☐ Foot ☐ Leg ☐ Chest ☐ Eye

Other(Specify)_____

_____

Was First Aid rendered? Describe if yes:

_____

_____

Was an Ambulance recommended? ☐ Yes ☐ No

If yes, did the injured refuse? ☐ Yes ☐ No

Were teeth injured? If so, which ones?	Describe Condition of Injured Teeth Prior to Accident: ☐ Whole, Sound, and Natural ☐ Filled ☐ Capped ☐ Artificial

Did Injury Result in Death? ☐ Yes ☐ No

Describe How Accident Occurred – Give All Possible Details

Form completed by

Print Name_____ **Signature** _____

Date _____