City of Miami
Parks & Recreation

VISITOR ACCIDENT/INJURY REPORT

Instructions: This form must be completed by the supervisor and the claims network must be contacted at 1-877-647-4545 within 24 hours of occurrence.

VISITOR INFO

Name of Injured: (include middle initial) | D.O.B. (MM/DD/YYYY):

Address:

Daytime Phone: | Evening Phone: | Gender: ❑ Male ❑ Female

ACCIDENT/INJURY INFO

Park Name/Location:

Date of Accident (MM/DD/YYYY): | Time of Accident: ❑ AM ❑ PM

Choose one: ❑ After School Program ❑ General Visitor ❑ Parking Area ❑ Summer Camp

ACCIDENT LOCATION

❑ Ball Field ❑ Basketball/Tennis Court ❑ Day Care Facility ❑ Gymnasium ❑ Park Office
❑ Parking Lot ❑ Playground ❑ Pool ❑ Restroom ❑ Other

NATURE OF INJURY

❑ Abrasion
❑ Allergic Reaction
❑ Amputation
❑ Bite
❑ Blunt Trauma
❑ Burn
❑ Chest Pain
❑ Choking/Suffocation
❑ Concussion
❑ Contusion
❑ Dizziness/Nausea
❑ Drowning/Near Drowning
❑ Electric Shock
❑ Exposure
❑ Food Poisoning
❑ Foreign Body into Eye/Ear
❑ Foreign Body into Mouth
❑ Fracture
❑ Hearing Loss
❑ Laceration/Cut
❑ Pain
❑ Puncture/Stab Wound
❑ Rash
❑ Strain/Sprain
❑ Other (specify): _____

BODY PART INJURED

❑ Abdomen
❑ Ankle(s) (L) (R)
❑ Arm(s) (L) (R)
❑ Back
❑ Breast(s) (L) (R)
❑ Buttock(s) (L) (R)
❑ Cheek(s)
❑ Chest
❑ Ear(s) (L) (R)
❑ Elbow(s) (L) (R)
❑ Eye(s) (L) (R)
❑ Finger(s) (LH)(RH)
❑ Foot/Feet (L) (R)
❑ Groin (L) (R)
❑ Hand(s) (L) (R)
❑ Head/Neck Area _____
❑ Heart
❑ Hip(s) (L) (R)
❑ Knee(s) (L) (R)
❑ Leg(s) (L) (R)
❑ Lip(s)
❑ Lung(s) (L) (R)
❑ Nose
❑ Shoulder(s) (L) (R)
❑ Stomach
❑ Toe/Toes
❑ Tooth/Teeth (Upper/Lower)
❑ Wrist(s) (L) (R)
❑ Other (specify): _____

CAUSE OF INJURY

❑ Animal/Insect
❑ Assault/Altercation
❑ Collision with Person/Object
❑ Contact with Sharp Object
❑ Electrical Equipment
❑ Environmental Condition
❑ Fall from Height
❑ Hit by Object
❑ Medical Condition/Illness
❑ Personal Contact
❑ Trip/Fall/Slip Same Level
❑ Unforeseen Hazards (uneven pavements, broken glass, etc).
❑ Vegetation

ACTIVITY PERFORMED

❑ Baseball/Softball
❑ Basketball
❑ Climbing
❑ Eating/Drinking
❑ Football
❑ Kickball
❑ Running/Jumping/Walking
❑ Sliding
❑ Soccer
❑ Swimming/Diving
❑ Swinging
❑ Tennis
❑ Volleyball
❑ Watersports
❑ Other (specify):

Was fire-rescue/police contacted? ❑YES ❑NO If so, who?

Was individual transported to medical facility? ❑YES ❑NO If yes, list facility:

Was parent(s)/guardian(s) contacted? ❑YES ❑NO If yes, whom?

Was first-aid administerd? ❑YES ❑NO If yes, list first-aid applied (i.e. elevation, pressure, cold packs, etc.):

Who administered first-aid?

Was equipment involved in injury? ❑YES ❑NO If yes, list equipment: | Was equipment used properly ❑YES ❑NO

Was supervision present at time of accident/injury? ❑YES ❑NO

If accident involved loss/damage to property, please describe:

Park Mgr. Name: (print): _____ Signature.: _____ Tel. #: _____ Date: ___|___|20___

Department Safety Liaison (print): _____ Signature: _____ Date: ___|___|20___

Distribution: **White** - Dept. Employee File; **Canary** - Safety Officer (Risk Management); **Pink** - Risk Management.