

## EXHIBIT "H"

### INCIDENT REPORT FORM

Report all incidents on this form. An incident is any unusual occurrence, an accident, or near miss involving CITY facilities or taking place on or near CITY facilities. Damage to City or personal property should also be reported on this form.

Organization Reported by:	Name	Title
Date and Time of Incident		
Exact Location of Incident:		

Description of Incident: Include events, which led to the incident, what followed, and relevant conversations. Include, who, what, where, why and how. (Attach additional sheets if necessary)

<u>List names, addresses, and phone numbers of any witnesses of the incident. Attach photographs of the scene.</u>		
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____

If league official did not witness the incident, where was league official?	
Was Sheriff's Dept. report made?	Officer:
Yes                      No	

Vehicle Incidents: Please indicate names of streets, the directions and course of each vehicle if applicable.			
Was Sheriff's Dept. report made?		Officer:	
Yes                      No			
Name of Driver:		Vehicle Plate Number (Make/Model/Year)	
Name of Other Driver:	D.L. # of Other Driver	Other Vehicle Plate Number (Make/Model/Year)	Insurance Co./Policy #:
What job was being performed at the time of the incident?			
Describe damage to vehicles/property. (Approximate cost of damage if known)			
What environmental/physical condition contributed to the incident?			
<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Dew <input type="checkbox"/> Fog/Haze <input type="checkbox"/> Bright Sunlight <input type="checkbox"/> Nighttime darkness <input type="checkbox"/> Other: _____			
Was the incident covered by the Athletic Facilities Usage Agreement? Explain.			

**IMPORTANT** If an injury occurred, answer the following:

Name of injured party:	Address	Phone
If a minor give parent's name:		
Briefly describe the injury:		
Was first aid given?	By whom and what kind:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Where did the injured party go following the incident?

☐  
☐

Home  
Clinic

☐  
☐

Hospital  
Personal Physician

☐

Other

Give opinion as to the cause of the incident.

What action has been /will be taken to prevent a recurrence?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

Date: \_\_\_\_\_