



RECREATION CENTERS OF SUN CITY WEST INC.

19803 R.H. Johnson Blvd., Sun City West, Arizona 85375-4498
PHONE: 623-544-6120 FAX: 623-544-6124 suncitywest.com

ACCIDENT/INCIDENT/INJURY REPORT RC 20
(CONFIDENTIAL INTERNAL DOCUMENT)

This report is required for ANY Accident, Incident or Injury occurring on Recreation Center Property.

As soon as the facts are known, the responsible Supervisor, Club Officer or Facility Monitor is required to complete this report.
Please use a pen and print legibly.

**IF A LIFE THREATENING INJURY OR FATALITY OCCURS,
CALL 911 & NOTIFY THE FACILITY LEAD AND OR SUPERVISOR.**

Incident Date: _____ **Incident Time:** _____ **Date Reported:** _____

Facility(RecCenter,GolfCourse, etc.): _____

Location (Room, Club, Area, etc.): _____

Reporting Individual: (i.e. Rec. Center Employee, Club Officer, Monitor)

Name: _____ Title: _____ Phone #: _____

Person (s) Involved

Name # 1: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Name # 2: _____ Phone #: _____

Address: _____

City/State/Zip: _____

(List additional involved persons on the reverse side of this page)

Injury / Illness

Chief Complaint (Cut Hand, Bruised Knee, Hip Injury, Fainted etc.)

Was Medical Treatment Provided? No _____ Yes _____

Was Medical Treatment Refused? No _____ Yes _____ (If Yes, See page 3)

Emergency Response Provided by: Sheriff _____ Fire Dept. _____ Amb. _____

Sheriff's Report # _____ **Fire Report #** _____

**ACCIDENT/INCIDENT/INJURY
REPORT**

(CONFIDENTIAL INTERNAL DOCUMENT)

Details of the Incident *(To be filled out by Reporting Individual)*

(If additional space is needed use reverse side of this page.)

Condition of the Area: *(Clean, Dry, Wet, etc.)* _____

Were Photos Taken? Yes ___ No ___ **By:** _____ **Phone #** _____
(Please Attach Photos to Report)

Incident Witnesses:

Name: _____ Address _____ Phone # _____

Name: _____ Address _____ Phone # _____

Vehicle Incidents only

Vehicle Make: _____ **Model:** _____ **Year:** _____ **License #** _____

Vehicle Make: _____ **Model:** _____ **Year:** _____ **License #** _____

Property Damage *(ie: Vehicle, Structure Property):* _____

Review, Initial and Forward Report in the Following Order:

(Report due to General Manager within 3 working days)

Facility Lead: _____ Date: _____

Facility Supervisor: _____ Date: _____

Facility Manager: _____ Date: _____

Human Resources: _____ Date: _____

Safety Coordinator: _____ Date: _____

General Manager: _____ Date: _____

ACCIDENT/INCIDENT/INJURY REPORT

Details of Incident as recorded by Person(s) Involved

(This is the only page that may be copied and shared with person(s) involved)

Refusal of Treatment

We strongly encourage you to be evaluated, treated if necessary and or transported to a hospital. You have the right to choose not to be evaluated, treated or transported if you wish; however, there is the possibility that you could suffer serious complications or even death from conditions that are not apparent at this time. By signing this document, you understand these possibilities and are refusing further assistance offered by Recreation Centers of Sun City West personnel.

Signature: *(Injured Party Refusing Treatment)*

Date:

Witness / Employee Signature:

Date:
