

Incident/Injury Report Form

Please Print

In the event of injury while volunteering,
please notify City of Oakland staff immediately at
adoptaspot@oaklandnet.com, 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) <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Arm <input type="checkbox"/> Shoulder <input type="checkbox"/> Back <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Chest <input type="checkbox"/> 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 _____	