



*“A Transportation Option for Coronado Residents 60+”*

## Incident/Accident Report Form

**DIRECTIONS:** Please complete this form and turn it in to the Coronado Seniors Out and About Program Supervisor within **24 hours** of an incident/accident related to the Program, or any program utilizing City of Coronado Recreational facilities. Information should be as complete and concise as possible. Attach additional pages if necessary. **PLEASE PRINT.**

Name of Individual Involved in the Incident/Accident: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Incident/Accident: \_\_\_\_\_ Time of Incident/Accident: \_\_\_\_\_

1. Were there any passengers in the vehicle during the time of the incident/accident?  YES  NO

If yes, please list names, contact information, and whether those passengers are participants in the Coronado Seniors Out and About program:

\_\_\_\_\_

2. Where did the incident/accident occur? Specify location and if there were any witnesses around the scene. Attach a diagram if needed: \_\_\_\_\_

\_\_\_\_\_

3. Describe what happened in detail. Attach additional information if needed: \_\_\_\_\_

\_\_\_\_\_

4. Action taken at the time of the incident/accident: \_\_\_\_\_

\_\_\_\_\_

5. Action taken to follow up on the incident/accident: \_\_\_\_\_

\_\_\_\_\_

6. What, if anything, could have been done to prevent the incident/accident? \_\_\_\_\_

\_\_\_\_\_



John D. Spreckels Center and Bowling Green • Phone: (619) 522-7343 • [www.coronado.ca.us/outandabout](http://www.coronado.ca.us/outandabout)

Coronado Seniors Out and About is supported by:  

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7. Please list any safety and/or maintenance concerns that contributed to the incident/accident:

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8. Provide the all information for the driver of the other vehicle(s) involved in the accident, including name, address, contact number, driver's license number, insurance information, and vehicle information. Attach additional information if needed:

Name of Driver: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Driver: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Expiration: \_\_\_\_\_

9. Name(s) of supervisor(s) (Recreation Leader, Specialist, Coordinator, etc.) on duty when the incident/accident occurred: \_\_\_\_\_

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10. Date/time that you reported the incident/accident to supervisor: \_\_\_\_\_

Names and Phone Numbers of Witnesses:

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*The above information is true and accurate to the best of my knowledge.*

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Director Signature \_\_\_\_\_ Date \_\_\_\_\_

