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| DEPARTMENT STAMP | ONONDAGA COUNTY ACCIDENT REPORT (For non-employee bodily injury and property damage not involving auto) | | | | |
| Mail To: LAW DEPARTMENT, 10th Floor, Civic Center, Syracuse, NY 13202 (435-2170) | | | | | |
| PERSONAL DATA | | | | | |
| Name | | Phone No. () | | Date of Birth Age | |
| Street Address | | City | | State Zip | |
| If a Minor or Student, Give Parent's Name or Group Supervisor | | PATRON Yes No | | VOLUNTEER Yes No | |
| | | STUDENT Yes No | | DAY CARE | |
| | | OTHER Yes No | | CHILD Yes No | |
| Address if Different: | | | | | |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | Employed By | | Occupation | |
| ACCIDENT DATA | | | | | |
| Date of Accident: | | | | Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| Exact Location of Accident (Trail, Walkway, Section, Etc.) | | | | | |
| Park or Building Involved: | | | | Reference Number, if Applicable | |
| Street | | City | | Town State Zip | |
| Description of Accident as Reported or Investigated: (Use Reverse Side if Necessary) | | | | | |
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| Name of Person Accident Reported to: | | | | Title | |
| Date Reported | | | | | |
| Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Officer's Name | | Agency | |
| Miscellaneous Conditions: | | | | | |
| <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SUNNY <input type="checkbox"/> SLEET <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOGGY <input type="checkbox"/> OTHER | | Pavement/Surface <input type="checkbox"/> DRY <input type="checkbox"/> SNOW <input type="checkbox"/> WET <input type="checkbox"/> OTHER <input type="checkbox"/> ICY | | Lighting: <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> OTHER <input type="checkbox"/> DARK <input type="checkbox"/> NIGHT (LIGHTED AREA) | |
| Water Conditions: <input type="checkbox"/> CALM <input type="checkbox"/> DEPTH _____ <input type="checkbox"/> CHOPPY _____ <input type="checkbox"/> ROLLING <input type="checkbox"/> WHITECAPS <input type="checkbox"/> OTHER | | Visibility: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OTHER | | TEMPERATURE Air _____ Water _____ | |
| INJURY | | | | | |
| Nature and Extent of Injury: | | | | | |
| | | | | | |
| | | | | | |
| Medical Treatment Rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Treatment Given: | | | | | |
| By Whom: | | | | | |
| Hospital Taken to: | | | | Name of Agency Transporting | |
| Attending Physician, if Known: | | | | | |
| Did Injured Party Return to Event? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

