

1	Agency name	Today's date
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)
3	Name of person completing report	Title of person completing report
4	Business phone number	Business email
5	How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)	
6	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i> ) or nearest intersection where the incident occurred.	
7	Is there an address for this location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please provide the following:	
	Street address _____	
	City _____	State _____ Zip code _____
8	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i> )	
9	Primary location (Specify exact location. <i>Ex. lap pool, cart storage, classroom, pavilion</i> )	

**BODILY INJURY**

**If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.**

10	Was a person injured? ( <i>Ex. patron, citizen, participant, volunteer</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11	If yes, please provide the following information:	
	Last name _____	First name _____
	Address _____	
	City _____	State _____ Zip code _____
	Home phone # _____	Work phone # _____ Cell phone # _____
	Age _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
12	Is injured person an agency volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
13	Describe the injury (affected body part and type of injury; <i>Ex. contusion, bruise, laceration, sprain, break, etc.</i> )	
14	Did injured person make any statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	If yes, what did injured person say? _____	

**15** Was first aid administered?  Yes  No  Unknown

Name and position of person who administered first aid \_\_\_\_\_

What first aid was given? \_\_\_\_\_

Did first aid involve AED and/or CPR?  Yes  No  Unknown

If yes, please submit a PDRMA post-AED form.

Were paramedic services offered?

Called and refused (at scene by patron)  Yes  No    Offered and called  Yes  No

Offered and refused  Yes  No    Offered, refused, called by agency anyway  Yes  No

Unable to respond and called  Yes  No

Were police called?  Yes  No    If yes, please provide the following information.

Name of police department \_\_\_\_\_

Name of officer \_\_\_\_\_

Do you expect this person to submit a claim?  Yes  No  Unknown

### PROPERTY DAMAGE

**16** Was property damaged as a result of this accident/incident?  Yes  No  Unknown

**17** If yes, how was the person involved in the accident/incident?

Owner of property adjacent to park district     Patron

Vehicle owner     Other

**18** Last name (or business name) \_\_\_\_\_ First name (not necessary if business name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone number \_\_\_\_\_

### WITNESS INFORMATION

**19** If there was a witness(es) to the accident/incident, please provide the following information:

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone number \_\_\_\_\_

**20** Did witness make any statements?  Yes  No  Unknown

If yes, what did witness say?

\_\_\_\_\_

\_\_\_\_\_

**21** Where was witness when the accident/incident occurred?

\_\_\_\_\_

\_\_\_\_\_