



BUFFALO  
GROVE  
PARK  
DISTRICT

**Accident/Incident Report Log: 2018**

**Note: DO NOT use this form if EMS is called; when medical care is advised; when head or neck injuries are suspected; or when site conditions are involved.**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Aid Administered:** \_\_\_\_\_ **By:** \_\_\_\_\_

**What occurred and where:** \_\_\_\_\_

\_\_\_\_\_

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**Program Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Risk Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program / Location:** \_\_\_\_\_



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