

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? _____	

Program Supervisor: _____ Superintendent: _____ Risk Manager: _____
Date: _____ Date: _____ Date: _____

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?
