

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?
