

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)	<input type="checkbox"/> Yes	Offered and called	<input type="checkbox"/> Yes
Offered and refused	<input type="checkbox"/> Yes	Offered, refused, called by agency anyway	<input type="checkbox"/> Yes
Unable to respond and called	<input type="checkbox"/> Yes		

Were police called? Yes 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	<input type="checkbox"/>	Patron	<input type="checkbox"/>
Vehicle owner	<input type="checkbox"/>	Other	<input type="checkbox"/>

18 Last name (or business name) _____ First name (not necessary if business name) _____

Address _____

City	State	Zip code	Phone number
------	-------	----------	--------------

Describe the property damage _____

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? _____
