

<b>1</b>	Agency name _____	Today's date _____
<b>2</b>	Date of incident (mm/dd/yyyy) _____	Time of incident (hh/mm a.m./p.m.) _____
<b>3</b>	Name of person completing report _____	Title of person completing report _____
<b>4</b>	Business phone number _____	Business email _____
<b>5</b>	How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.) _____ _____ _____	
<b>6</b>	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i> ) or nearest intersection where the incident occurred. _____ _____	
<b>7</b>	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 _____
<b>8</b>	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i> ) _____ _____	
<b>9</b>	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.**

<b>10</b>	Was a person injured? ( <i>Ex. patron, citizen, participant, volunteer</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>11</b>	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	
<b>12</b>	Is injured person an agency volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>13</b>	Describe the injury (affected body part and type of injury; <i>Ex. contusion, bruise, laceration, sprain, break, etc.</i> ) _____ _____		
<b>14</b>	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? \_\_\_\_\_

\_\_\_\_\_