

<b>1</b>	Agency name ELK GROVE PARK DISTRICT	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) ☐ Yes

Offered and called ☐ Yes

Offered and refused ☐ Yes

Offered, refused, called by agency anyway ☐ Yes

Unable to respond and called ☐ 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 ☐

Patron ☐

Vehicle owner ☐

Other ☐

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? \_\_\_\_\_