

PDRMA- INJURY/INCIDENT REPORT

***** FAX – 815-477-5005 *****

(Please use blue or black ink, print clearly and fill out completely)

1. Injury: ___ Incident:___	2. Park	3. Location In Park:	4. Type of Injury/Incident:	
5. Date/Time of Occurrence/Notified:		6. Date/Time Arrival:	7. Date/Time Report:	
8. Victim/Complainant: Last First MI		9. Address:	10. Phone: ()	11. D.O.B.:
12. Witness: Last First MI		13. Address:	14. Phone ()	15. D.O.B.:
16. If juvenile, was parent/guardian notified? Yes___ No___ Phone Call ___ In Person___		17. Person Notified:	18. Relationship to Victim:	
19. First Aid Administered? Yes___ No___		20. By Whom: Name: Title:	21. Description of First Aid:	
22. Ambulance Called? Yes___ No___		23. Victim Transported? Yes___ No___	24. Transported to:	
25. Park District Program/Event? Yes___ No___		26. Name of Program:	27. Name of Supervisor:	
28. Follow-up/Remedial Action Required? Yes___ No___		29. Type of Action Required:		
30. Narrative: (Fill out completely)				
31. Park District Signature:			32. Signature of Person Who Notified Parent:	
33. Signature of Originator:			34. Park District Safety Coordinator Signature:	