

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___ How? In person___ Phone call___		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. Department Head Signature:				32. Signature of Person Who Notified Parent:		
33. Signature of Originator:				34. Safety Coordinator Signature:		