

**\*\*REVISED\*\***

### PDRMA - INJURY/INCIDENT REPORT

Crystal Lake Park District Internal Document

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

**Fax 815-477-5005**

<b>1</b>	Name of person completing report:		Title:		Date (mm/dd/yy):	
	Name of victim/complainant:		Phone:		Age	Sex
<b>2</b>	Address:		City:		State/Zip:	
	Date/Time of occurrence: (mm/dd/yy)(am or pm)		Park/Location in Park:			
<b>3</b>	Part(s) of body injured: (be specific)		Right Side ____	Front ____	Type of injury/incident:	
			Left Side ____	Back ____		
<b>4</b>	First Aid Administered? Yes ____ No ____	By whom:		Title:		
	Description of first aid:					
<b>5</b>	Paramedics Called? Yes ____ No ____ (when in doubt, call paramedics)	Victim Transported? Yes ____ No ____	Transported to:			
	Parent/guardian of minors <b>must</b> be notified.		Person notified:		Phone:	
<b>6</b>	Relationship to victim:		Notified: In person ____		Phone call ____	
	Park District program/event ____ Affiliate group ____ Other _____ (please specify)		Name of program/event/affiliate:		Supervisor/Coach:	
<b>7</b>	Name of Witness:		Phone:		Relationship to victim:	
	Address:		City:		State/Zip:	
<b>8</b>	Brief summary of injury/incident (please provide <b>facts only</b> ). Include any victim/witness statements.					
	Continue summary on the back of this form, if needed.					
<b>9</b>	Supervisor:	Department Head:	Safety Coordinator:	Business Manger (if applicable):		