PDRMA
PARK DISTRICT RISK MANAGEMENT AGENCY

Accident/Incident Report

Attorney/Client Privileged Document

Form 01

1 **Agency name** | **Today's date**

2 **Date of incident (mm/dd/yyyy)** | **Time of incident (hh/mm a.m./p.m.)**

3 **Name of person completing report** | **Title of person completing report**

4 **Business phone number** | **Business email**

5 **How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)**

6 **Name of the location (park, pool, community center; *Ex. Smith Pool, Johnson Community Center*) or nearest intersection where the incident occurred.**

7 **Is there an address for this location?** ☐ **Yes** ☐ **No** ☐ **Unknown**
If yes, please provide the following:

Street address _____

City | **State** | **Zip code**

8 **Location (Specify the exact type of location/facility where injury occurred. *Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.*)**

9 **Primary location (Specify exact location. *Ex. lap pool, cart storage, classroom, pavilion)***

BODILY INJURY

If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.

10 **Was a person injured? (*Ex. patron, citizen, participant, volunteer*)** ☐ **Yes** ☐ **No** ☐ **Unknown**

11 **If yes, please provide the following information:**

Last name _____ **First name** _____

Address _____

City _____ **State** _____ **Zip code** _____

Home phone # _____ **Work phone #** _____ **Cell phone #** _____

Age _____ **Sex** ☐ **Male** ☐ **Female**

12 **Is injured person an agency volunteer?** ☐ **Yes** ☐ **No** ☐ **Unknown**

13 **Describe the injury (affected body part and type of injury; *Ex. contusion, bruise, laceration, sprain, break, etc.*)**

14 **Did injured person make any statements?** ☐ **Yes** ☐ **No** ☐ **Unknown**

If yes, what did injured person say? _____

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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 refused ☐ Yes

Unable to respond and called ☐ Yes

Offered and called ☐ Yes

Offered, refused, called by agency anyway ☐ 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?