



**Recreation Department
Incident/Accident Reports**

Date: _____

Fax to: PDRMA..... Fax: 630-769-0445
WPD Human Resources..... Fax: 630-871-2578
Mary Beth Cleary..... Fax: 630-668-3813
Larry Bower..... Fax: 630-665-8946
Supervisor _____ Fax# _____

Your Supervisor's Name: _____

Your Name: _____

RE: _____

Form: _____

NOTE:

- All forms must be sent to PDRMA, Human Resources, Mary Beth Cleary and your supervisor.
- Any forms that involve maintenance issues must be faxed to Larry Bower ASAP!

1	Name of member: Wheaton Park District	Date:
2	Name of person completing report:	
3	Phone:	E-mail:
General Liability Claim		
4	<input type="checkbox"/> Bodily injury <input type="checkbox"/> Property damage	
Location of Incident/Accident		
5	Date:	Time:
Site specific phone:		
6	Location/Address (name of park, pool, community center, etc.):	
7	Specific location (playground, parking lot, gym, etc.):	
Bodily Injury		
8	Name of injured person:	Age:
Sex:		
9	Address:	
9	City:	State:
Zip:		
10	Home phone:	Business, daytime, or cell phone:
11	Part of body injured:	Nature of injury?
12	Brief summary of incident (please provide <u>facts only</u>):	
13	Did injured person make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was said?	
14	Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom (name and position): What first aid was given?:	
15	Paramedic services offered? <input type="checkbox"/> Accepted <input type="checkbox"/> Refused	Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No Police dept: Officer:
15		Paramedic called? <input type="checkbox"/> Yes <input type="checkbox"/> No (When in doubt, call for paramedic services.)

Bodily Injury (continued)

16	Parents/Guardian/Relatives notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	By whom:		Phone:
	Parent/relative name:		Phone:
	Relationship to injured person:		
	Do you expect this person to submit a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		

Witness Information

17	Name:		
	Home phone:		Daytime phone:
	Address:		
	City:	State:	Zip:

18	Relationship to injured party:		
	<input type="checkbox"/> Relative/friend (specify) _____ <input type="checkbox"/> Another program participant or park user <input type="checkbox"/> Passer-by <input type="checkbox"/> District/SRA employee or volunteer <input type="checkbox"/> Other (specify) _____		
Did witness make any statements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what was said? (Attach more pages if necessary)			

Damage to Another Person's Property

19	Name of property owner:		
	Address:		
	City:	State:	Zip:
	Home phone:	Business/Daytime/Cell phone:	
	What property was damaged?		
	Summary of how damage occurred (please provide <u>facts only</u>):		
	Estimated cost to repair:	Estimates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	