PDRMA
Park District Risk Management Agency

Accident/Incident Report

Attorney/Client Privileged Document

Form 01

1 **Agency name** Fox Valley Special Recreation Association — **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** 630.907.1114 — **Business email** jasonp@fvsra.org

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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Form 01 (pg. 2)

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?

PDRMA
Park District Risk Management Agency

Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)

Attorney/Client Privileged Document

Form 02

1 **Agency name**
Fox Valley Special Recreation Association

Today's date

2 **Date of incident (mm/dd/yyyy)**

Time of incident (hh/mm, a.m./p.m.)

3 **Name of person completing the report**

Title of person completing report
Driver

4 **Business phone**
630.907.1114

Business email
jasonp@fvsra.org

5 **How did the incident occur? (Provide a brief factual summary.)**

6 **Name of the location (street/road/highway) or nearest intersection where the incident occurred.**

7 **Is there an address for incident location? If yes, please provide the following:**

Street address

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

8 **Location**

Offsite (non-agency owned) ☐ **On agency property** ☐

9 **Primary location**

Highway/roadway ☐ **Parking lot** ☐ **Other** ☐

10 **Was the agency vehicle occupied?** ☐ **Yes** ☐ **No** ☐ **Unknown**

11 **Agency driver last name** **First name**

Address

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

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

Email

Is this driver an employee? ☐ **Yes** ☐ **No** ☐ **Unknown**

If Yes, enter job title of employee

Identify the type of driver

Full-time employee ☐ **Intern** ☐ **Non-agency employee**] ☐
Part-time employee ☐ **Volunteer** ☐ **Spouse/family member** ☐
Seasonal employee ☐

12 **Agency vehicle VIN** **Make** **Model** **License number**

PDRMA
Park District Risk Management Agency

Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)

Attorney/Client Privileged Document

Form 02 (pg. 2)

13 **Is vehicle drivable?** ☐ Yes ☐ No ☐ Unknown

If no, provide current location of vehicle

14 **Area of damage**

15 **Estimated repair cost**

16 **Was a trailer involved?** ☐ Yes ☐ No ☐ Unknown

If yes, provide the following information.

Trailer year **Make** **Model** **License number**

Trailer area of damage

Current location of trailer

Estimated repair cost of trailer

17 **Has a police agency conducted an investigation?** ☐ Yes ☐ No **If yes, provide the following information.**

What police agency investigated the incident?

Police report number

18 **Was the agency driver ticketed, arrested or cited for violation(s)?** ☐ Yes ☐ No ☐ Unknown

If yes, provide details of the ticket, arrest or violation(s).

19 **CLAIMANT INFORMATION**

Identify other people involved in the accident. ***(Make additional copies of this section if needed.)***

How was the person involved in the accident? ***(Check all that apply.)***

Driver of other vehicle ☐ **Injured person** ☐ **Owner of involved property** ☐

Owner of other vehicle ☐ **Passenger of agency vehicle** ☐ **Passenger of other vehicle** ☐

Pedestrian ☐

Last name or business name **First name (not necessary for business)**

Address

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

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

PDRMA
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Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)

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Form 02 (pg. 3)

19 Vehicle make | Model | Year

Area of damage

Is vehicle driveable? ☐ Yes ☐ No If no, current location of vehicle

Extent of damage ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Describe the property damage *(other than vehicle)*

Extent of damage to property other than vehicle ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Age of injured person _____ Sex of injured person ☐ Male ☐ Female

Was the injured person transported by paramedics? ☐ Yes ☐ No

If yes, where was the injured person taken?

Do you expect the injured person to file a claim? ☐ Yes ☐ No

Describe the injury

ADDITIONAL CLAIMANT INFORMATION

Identify other people involved in the accident. *(Make additional copies of this section if needed.)*

How was the person involved in the accident? *(Check all that apply.)*

Driver of other vehicle ☐ Injured person ☐ Owner of involved property ☐

Owner of other vehicle ☐ Passenger of agency vehicle ☐ Passenger of other vehicle ☐

Pedestrian ☐

Last name or business name First name (not necessary for business)

Address

City | State | Zip code

Home phone # | Work phone # | Cell phone #

Vehicle make | Model | Year

Area of damage

Is vehicle driveable? ☐ Yes ☐ No If no, current location of vehicle

Extent of damage ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

Describe the property damage *(other than vehicle)*

Extent of damage to property other than vehicle ☐ Moderate ☐ Nothing visible ☐ Severe ☐ Slight

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Park District Risk Management Agency

Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)

Attorney/Client Privileged Document

Form 02 (pg. 4)

19

Age of injured person _____ Sex of injured person ☐ Male ☐ Female

Was the injured person transported by paramedics? ☐ Yes ☐ No

If yes, where was the injured person taken?

Do you expect the injured person to file a claim? ☐ Yes ☐ No

Describe the injury

20

Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this page if needed.)

Last name First name

Address

City State Zip code

Home phone # Work phone # Cell phone #

Witness to accident? ☐ Yes ☐ No ☐ Unknown If yes, provide the following information.

Relation to injured person or property owner:

Agency employee or volunteer ☐ Another program participant or park user ☐ Friend ☐

Other ☐ Passerby ☐ Relative ☐

Did witness make any statements? ☐ Yes ☐ No ☐ Unknown

If yes, provide the following information.

What did witness say?

Where was witness when the accident occurred?

21

Was the driver of the agency vehicle conducting agency business at the time of the accident?

☐ Yes ☐ No ☐ Unknown

22

What street was the agency driver on? What street was the other driver driving on?

23

What direction was the agency driver traveling? ☐ North ☐ South ☐ East ☐ West

What direction was the other driver traveling? ☐ North ☐ South ☐ East ☐ West

24

Weather conditions

Dry ☐ Fog ☐ Ice ☐ Snow ☐ Wet ☐

25

Accident diagram

PDRMA
Park District Risk Management Agency

Property Loss Report

(For damage to agency property)

Attorney/Client Privileged Document

Form 03

1	**Agency name** Fox Valley Special Recreation Association	**Today's date**
2	**Date of incident (mm/dd/yyyy)**	**Time of incident (hh/mm, a.m./p.m.)**
3	**Name of person completing the report**	**Title of person completing report**
4	**Business phone** 630.907.1114	**Business email** jasonp@fvsra.org
5	**How did the incident occur and what property was damaged? (Provide a brief factual summary.)**	
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 incident location? If yes, please provide the following:** **Street address** **City** **State** **Zip code**	
8	**Location (Specify the exact type of location/facility damaged, listing multiple locations/facilities if necessary. *Ex. maintenance garage, sports field*)**	
9	**Primary location (Identify the exact area of damage. *Ex. tool storage, batting cage*)**	
10	**Estimate of loss**	
11	**Contact person at facility**	
12	**Contact person's email**	
13	**Contact person's phone number**	
14	**Was damage caused by third-party (non-agency) individual?**	☐ **Yes** ☐ **No** ☐ **Unknown**
15	**Has the party responsible for damage been identified? If yes, provide the following contact information for the person or persons identified:** **Name** **Street address** **City** **State** **Zip code**	
16	**Has a police agency conducted an investigation?**	☐ **Yes** ☐ **No** ☐ **Unknown**
17	**What police agency investigated the incident?**	**What is the police report number?**
18	**Were criminal charges brought against the responsible party? If yes, what were the charges?**	

PDRMA
Park District Risk Management Agency

Employee Injury Report

Form 04

1 **Complete an Employee Injury Report for each employee injured.**

2 **Agency name**
Fox Valley Special Recreation Association
Today's date

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

4 **Name of person completing report** **Title of person completing report**

5 **Business phone** **Business email**

6 **How did the incident occur? (Provide a one-line factual description.)**

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

8 **Is there an address for this location? If yes, please provide the following:**

Street address

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

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

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

11 **Employer's FEIN**

12 **Did the employee miss more than three (3) scheduled workdays?** ☐ **Yes** ☐ **No** ☐ **Unknown**

13 **What was the employee doing when the accident occurred?**

14 **How did the incident occur? (Provide a detailed factual description.)**

15 **Employee last name** **First name**

Address

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

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

Best number to contact employee **Email**

Social security number **Date of birth (mm/dd/yyyy)** **Gender** ☐ **Male** ☐ **Female**

Marital status (divorced/married/single/unknown) **Number of dependents** **Does employee speak English?** ☐ **Yes** ☐ **No**

Average weekly wage **Job title/occupation**

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Employee Injury Report

Form 04 (pg. 2)

15 What is the employee's employment status?

☐ Permanent full-time ☐ Permanent part-time ☐ Seasonal ☐ Intern ☐ Other

Date hired (mm/dd/yyyy)

What is the employee's tenure? (length of employment)

☐ Less than 1 yr. ☐ 1-3 yrs. ☐ 4-10 yrs. ☐ 11-19 yrs. ☐ More than 20 yrs.

Time employee began work on day of incident (hh/mm a.m./p.m.)

Last date employee worked prior to date of incident (mm/dd/yyyy)

If the employee died as a result of the accident, give the date of death. (mm/dd/yyyy)

Did the incident occur on agency premises? ☐ Yes ☐ No ☐ Unknown

Injury or illness? ☐ Injury ☐ Illness

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

What object or substance, if any, directly harmed the employee?

16 Did the injured employee seek medical attention? ☐ Yes ☐ No ☐ Unknown

17 If yes, was the treatment given away from the worksite? ☐ Yes ☐ No ☐ Unknown

18 Was the employee treated in an emergency room? ☐ Yes ☐ No ☐ Unknown

19 Was the employee hospitalized overnight as an inpatient? ☐ Yes ☐ No ☐ Unknown

20 Name of treating physician, health care provider, or emergency room

Address

City State Zip code Phone number

PDRMA
Park District Risk Management Agency

Notification of Injury to Employer Report

(Employee to complete and submit to supervisor or HR.)

Form 04E

1 Employee name.

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

3 Specific location of acident. (*Ex. Second floor hallway of recreation center, storage closet of maintenance shed, south entrance of aquatic facility, etc.*)

4 Are you reporting the injury for the first time using this form? Yes No

If no, when did you first report the injury (verbally or in writing) and to whom did you report it?

Date: _____ Time: _____ Reported to: _____

5 Describe how the injury occurred. (*Identify the job task you were doing and include a step-by-step explanation of what led to the injury.*)

6 Name all people present at the time of injury (*e.g., coworkers and/or witnesses*)

7 Identify *all* body parts you injured. (*Be specific. Indicate left or right, upper or lower.*)

8 Did you seek medical attention on the date of the accident? Yes No

If yes, where did you seek treatment?

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Notification of Injury to Employer Report

(Employee to complete and submit to supervisor or HR.)

Form 04E (pg. 2)

9 **Have you injured this body part previously?** **Yes** **No**

If yes, please describe which body part and what the prior injury was.

If yes, where did you receive treatment?

The above information is true and accurate:

_____ _____

(Employee signature) **Date**

Notification of injury was received on:

_____

(Date received by employer representative)

Notification of injury was received by:

_____

(Representative signature)

_____

(Printed name)