

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

**PDRMA - INJURY/INCIDENT REPORT**

Crystal Lake Park District Internal Document

**FAX TO**  
**815-477-5005**

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

<b>1</b>	Name of person completing report:		Title:		Date (mm/dd/yy):	
	Name of victim/complainant:			Phone:		Age
<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 _____ Left Side _____	Front _____ Back _____	Type of injury/incident:	
	First Aid Administered? Yes _____ No _____		By whom:		Title:	
<b>4</b>	Description of first aid:					
	Paramedics Called? Yes _____ No _____ (when in doubt, call paramedics)		Victim Transported? Yes _____ No _____		Transported to:	
<b>5</b>	Parent/guardian of minors <b>must</b> be notified.		Person notified:		Phone:	
	Relationship to victim:			Notified: In person _____ Phone call _____		
<b>6</b>	Park District program/event _____ Affiliate group <input checked="" type="checkbox"/> _____ Other _____ (please specify)		Name of program/event/affiliate: <b>Crystal Lake Soccer Federation</b>		Supervisor/Coach:	
	Name of Witness:		Phone:		Relationship to victim:	
<b>7</b>	Address:		City:		State/Zip:	
	Brief summary of injury/incident (please provide <b>facts only</b> ). Include any victim/witness statements.					
<b>8</b>	Continue summary on the back of this form, if needed.					
<b>9</b>	<b>NOTE: Line 10 is for Park District use</b>					
	<b>No Signatures are Necessary</b>					
<b>10</b>	Supervisor:		Department Head:		Business Manger (if applicable):	
	Safety Coordinator:					