# PALATINE PARK DISTRICT - AFFILIATES
# INCIDENT REPORT (*VOLUNTEER/COACH INJURY*)
# FAX TO: 847-991-2127

**THIS REPORT IS TO BE COMPLETED BY PARK DISTRICT STAFF OR VOLUNTEER/COACH**

**Report Completed by**: _____Title _____Date of Report:___/___/___

Circle One: PBA PYB PAFA Celtic Soccer Other _____
Personally witnessed by person completing report? ☐ Yes ☐ No

**Name of Injured Volunteer/Coach**: _____ ☐ Male ☐ Female

Date of Injury:_____/_____/_____ Time of Injury: _____ AM PM Time event/activity began: _____ AM PM

Facility/Field where injury occurred _____ Location at Facility/Field: _____

Type of Injury (Cut, Strain, Sting, etc): _____ Part of Body injured (be specific): _____

What was volunteer/coach doing when incident occurred?
_____

How did the incident occur? _____

_____

What object or substance; if any, directly harmed the volunteer/coach?_____

_____

Witness Names _____

Volunteer/Coach declined medical attention? ☐ Yes ☐ No

PPD Staff on duty _____ Personally witnessed by PPD Staff? ☐ Yes ☐ No

Name of witnesses and phone #'s _____

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## To Be Completed by PPD Supervisory Staff if Volunteer/Coach Seeks or Requires Professional Medical Attention

* Fax this report to Kevin Romejko, Human Resource Manager & Safety Coordinator, at 847-991-2127.
* Call Tom Hoffman at (312) 223-1135 (office) or (312) 213-8793 (cell) if hospitalization required or a fatality.
* Call the Human Resource Manager & Safety Coordinator (847) 705-5123 x 256 (office) or (847) 489-2241 (cell) within one workday if a "lost time" case, or immediately if hospitalization required or a fatality.

Injured volunteer/coach Social Security #_____ Marital Status _____ # of Dependents _____

Injured Address _____/_____/_____/____/_____ Birth Date ____/____/____
street apt # city state zip code
Injured Phone # (____)_____ Date Began as Volunteer/Coach: _____

Medical Services Provided By _____

How was volunteer/coach transferred to medical services?_____

Treated in Emergency Room? ☐ Yes ☐ No Hospitalized overnight as an inpatient? ☐ Yes ☐ No

Did (will) volunteer/coach miss time, other than on day-of-incident? ☐ Yes ☐ No

Revised 12/05