

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

## 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	
Please fax this form to PDRMA and contact the safety coordinator immediately if EMS is called or the injured was taken to the hospital. Fax to PDRMA: 630-769-0449		Was this form faxed to PDRMA <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Athletic Coordinator contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Safety Coordinator contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Athletic Coordinator Phone # 847-228-3522 Safety Coordinator phone# 847-456-1972	