



ACCIDENT REPORT FORM 05/05

PARK/TRAIL: _____ (Attach trail and creative play area maps, if applicable.)

Please fill out both sides of this form completely and legibly.

Table with 7 columns and 4 rows for activity types: Biking, Boating/Fishing, Camping, Creative Play Area, Golfing, Hiking/Walking, Horseback, Inline Skating, Picnicking, Swimming, Other (Specify), Sliding, X-C Skiing, Other (Specify).

Is rental equipment involved? Y N Item: _____ ID#: _____ Receipt attached? Y N

IMPORTANT INFORMATION:

Date of Incident: _____ Time of Incident: _____ am/pm

Injured Person's Name: _____ Age: ____ DOB: _____ Sex: M F

Name of Parent or Guardian, if Minor: _____

Home Address: _____ (City-State-Zip)

Home Phone: _____ Work Phone: _____

Witness(es) of Accident:

Name: _____ Age: _____ DOB: _____ Sex: ____

Address: _____ (City-State-Zip)

Home Phone: _____ Work Phone: _____

TRANSPORTATION FROM ACCIDENT:

Drove self/other means: _____ (List method of transportation other than ambulance)

Ambulance to hospital: _____ (List name of Ambulance Service)

RESPONSIBILITY FOR COST OF AMBULANCE SERVICE (sign only if medical transportation is used):

I acknowledge that Three Rivers Park District is not responsible for the cost of medical transportation.

Signature: _____ Date: _____ (of parent or guardian if under age 18)

Area/Park/Trail Fill in park name, area in park where accident occurred, and attach trail or other area maps, if applicable. Check the activity in the following boxes.

Rental Yes or no answer; attach receipt, if rental.

Important Information Fill out this portion completely, including witnesses and all phone numbers.

Transportation from Accident Important. List name of ambulance service, if used.

Responsibility for Cost of Ambulance Explain that Three Rivers Park District is not responsible for the cost of medical transportation; get signature to acknowledge this.

Description of Accident or Illness Your description of incident with as many details as you know. Use accompanying map to note area of injury. Also include injured person's description in their own words of have him/her complete.

Refusal of First Aid Must be signed, if applicable.

First Aid Taken Describe first aid and all action taken.

Report Prepared by Your name and title (be sure you have included this).

Police / PSO If called, include officer's name; they will also fill out their own report.

Additional Remarks Any additional information which you think might be helpful.