

**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 _____

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 the District Investigator, Kevin Romejko at 847-705-5123 x 256 within one workday or immediately if hospitalization required.
If unavailable, please page MRMA Risk Manager at 847-547-9175.

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