

**PALATINE PARK DISTRICT - AFFILIATES**  
**INCIDENT REPORT (VOLUNTEER/COACH INJURY)**  
**FAX TO: 847-388-4900**

**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**

\* Call PPD Safety Coordinator (847) 496-6256 (office).

\* Fax this report to PPD Safety Coordinator (847) 388-4900 within one workday.

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