

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

Bodily Injury (continued)

16	Parents/Guardian/Relatives/Residential staff notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	By whom:		Phone:
	Parent/relative/staff 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 SSSRA or 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	

#	Field	Instructions
1	<ul style="list-style-type: none"> ▪ Member name ▪ Date 	Fill in Agency name and date of the report.
2	<ul style="list-style-type: none"> ▪ Name of person completing report 	Fill in name of person completing report
3	<ul style="list-style-type: none"> ▪ Phone ▪ E-mail 	Fill in Agency phone number/E-mail address of person completing report.
General Liability Claim		
4	<ul style="list-style-type: none"> ▪ Bodily injury/property damage 	Check appropriate box for the type of general liability claim.
Location of Incident/Accident		
5	<ul style="list-style-type: none"> ▪ Date ▪ Time ▪ Name of Program 	Fill in date and time of accident. Please provide the Name of Program
6	<ul style="list-style-type: none"> ▪ Location/address 	Name and address of specific park, pool, community center, etc.
7	<ul style="list-style-type: none"> ▪ Specific location 	Identify actual location, or equipment such as playground, parking lot, gym, etc. (if applicable) where injury or damage occurred.
Bodily Injury		
8	<ul style="list-style-type: none"> ▪ Name of injured person ▪ Age ▪ Sex 	Fill in Name, Age, Sex of injured party.
9	<ul style="list-style-type: none"> ▪ Address, city, state, zip 	Fill in Address, City, State and Zip Code of injured party. This is necessary for correspondence.
10	<ul style="list-style-type: none"> ▪ Home phone ▪ Business, daytime, or cell phone 	Fill in telephone numbers. This is necessary to contact the injured person.
11	<ul style="list-style-type: none"> ▪ Part of body injured ▪ Nature of injury? 	Describe specific body part(s) and nature of injury.
12	<ul style="list-style-type: none"> ▪ Brief summary of incident 	Provide the facts of the incident. Use an additional sheet of paper if necessary. Note: Do not speculate; include the <u>facts only</u> .
13	<ul style="list-style-type: none"> ▪ Did injured person make any statements? ▪ If so, what was said? 	Note any statements made by injured person. Example: "It was my fault"; "You'll hear from my attorney"; etc.
14	<ul style="list-style-type: none"> ▪ Was first aid administered? ▪ By whom? ▪ What first aid was given? 	Fill in name of Agency staff member(s), or others, such as paramedics, patrons, or others who may have administered first aid to the injured person. Explain the specific first aid that was given (CPR, AED, ice etc.).
15	<ul style="list-style-type: none"> ▪ Paramedic services offered? ▪ Police called? ▪ Paramedic called? ▪ Police dept ▪ Officer 	Check appropriate boxes. Fill in the police officer(s) name, department and the report number.

#	Field	Instructions
Bodily Injury (continued)		
16	▪ Parents/guardian/relatives notified?	Check appropriate boxes to identify who was notified. If no one was notified, explain why.
	▪ By whom/phone	Name the person and list their phone number.
	▪ Parent/relative name/phone	Fill in name(s) and phone number(s).
	▪ Relationship to injured person	Example: friend, parent, baby sitter.
	▪ Do you expect this person to submit a claim?	Check appropriate box.
Witness Information		
17	<ul style="list-style-type: none"> ▪ Name: ▪ Home phone ▪ Daytime phone ▪ Address, city, state, zip 	Fill in appropriate information regarding witnesses. Attach additional pages if necessary.
18	<ul style="list-style-type: none"> ▪ Relationship to injured party ▪ Did witness make any statements? ▪ If so, what was said? (attach more pages if necessary) 	Check appropriate line and box indicating the witness' relationship to the injured person. If witness made a statement, be specific and complete.
Damage to Another Person's Property		
19	<ul style="list-style-type: none"> ▪ Name of property owner ▪ Address, city, state, zip ▪ Home phone & business/daytime/cell phone 	Fill in contact information about any property damage sustained because of the incident/accident This information is necessary for correspondence.
	▪ Property was damaged?	Describe the property damage.
	▪ Summary of how damage occurred	Explain how the property damage occurred. (please provide <u>facts only</u>). Example: Wind, tree, golf ball, baseball, etc.
	▪ Estimated cost to repair/estimates attached?	If available, provide a cost estimate or attach written estimate. (Note: do not wait for estimate to send this form).

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