



SPRINGFIELD PARK DEPARTMENT

Non-Employee Incident Report



This report must be submitted within 24 hours following the incident or the next work day to the Superintendent of Parks, Administration Building, Forest Park.

Last Name	First Name	MI	Social Security
Address	City	State	ZIP
() -	/ /	:	AM PM
Phone Number	Date of Incident	Time of Incident	

Location of incident - Name park and describe exact location within the park

What did this incident involve? (Check all that apply)

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Accidental Injury | <input type="checkbox"/> Assault/Battery | <input type="checkbox"/> Malicious Damage | <input type="checkbox"/> Fire Violation | <input type="checkbox"/> Weapons Violation |
| <input type="checkbox"/> Stolen Equipment | <input type="checkbox"/> Lost Equipment | <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Narcotic Violation |
| <input type="checkbox"/> Trespass | <input type="checkbox"/> Disturbance | <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Exposure to Hazardous Substance | <input type="checkbox"/> Other (describe below) |

Briefly describe the incident: _____

Describe nature of injury (if applicable). Please be specific: _____

Primary Treatment Sought: None | First Aid Only | Personal Physician | Hospital Emergency Room

List names of all witnesses to the incident:

List names and ranks of policemen or firemen or names and companies of ambulance personnel who assisted:

Signature of Victim _____ Date _____

Signature of Park Employee Present at the Site / Date _____

Signature of Witness _____ Date _____

Signature of Witness _____ Date _____