

**Barrington Countryside Park District**

PO Box 1393

Barrington, Illinois 60011

(847)783-6772 Voice and Fax

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Accident Report**

Please complete this form for instances of accident in which a person is injured. Please notify the Barrington Countryside Park District Office by phone in case of accident reports. You may mail in this form, fax, or put in District mail box at the Riding Center.

Location of Accident: \_\_\_\_\_

Full Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Description and Narrative of Accident: \_\_\_\_\_

Apparent Injury: \_\_\_\_\_

Persons Notified: \_\_\_\_\_

Was First Aid Administered? Yes  No  By Whom: \_\_\_\_\_

Were Paramedics Called? Yes  No  By Whom: \_\_\_\_\_

Was the injured transported? Yes  No  Where: \_\_\_\_\_

Name of Event or Group associated with: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Park District Notified by Telephone: Yes  No

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