



Incident Report



Urbana Park District

303 W. University Ave | 217-367-1536

AGENCY INFORMATION

Name of Agency: Urbana Park District

Contact: Business Manager

Address: 303 W. University Ave, Urbana, IL 61801

Phone: 217-367-1536

Participant: _____

Date: _____

Time: _____

Building/Park Location: _____

Address: _____

INCIDENT INFORMATION

Explain in detail what behavior occurred and how it was handled: (attach additional pages if necessary)

Were the police called? Yes No

Officer handling the case: _____

Was the Fire Department called? Yes No

Case Number: _____

By Whom: _____

Patron Injury

Was an ambulance called? Yes No

Staff Injury

Did the individual(s) go to the hospital? Yes No

Description of injury: _____

Was there damage/loss to UPD property? Yes No

Damage/Loss Value: _____ Photo Taken by: _____

Names, addresses, and phone numbers of all involved including witnesses if applicable: (attach additional pages if necessary)

All Items Filled Out Completely

Name: _____ Date: _____

Copy to Supervisor

Supervisor Signature: _____ Date: _____

Original to Business Office

Vehicle Accident Report



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AGENCY INFORMATION

Name of Agency: Urbana Park District

Contact: Business Manager

Address: 303 W. University Ave, Urbana, IL 61801

Phone: 217-367-1536

URBANA PARK DISTRICT EMPLOYEE DRIVER INFORMATION

Driver: _____

Phone: _____

Street Address, City, State: _____

Administration Operations Recreation Other

Full Time Part Time Seasonal Volunteer Other

Make, Model, Year of Vehicle: _____

Drivers License Number: _____

License Plate Number: _____

Vehicle Identification Number: _____

Insurance Company: _____

Personal Vehicle District Vehicle

DRIVER INFORMATION FOR OTHER PARTIES INVOLVED

Driver: _____

Phone: _____

Street Address, City, State: _____

Make, Model, Year of Vehicle: _____

Drivers License Number: _____

License Plate Number: _____

Vehicle Identification Number: _____

Insurance Company: _____

Driver: _____

Phone: _____

Street Address, City, State: _____

Make, Model, Year of Vehicle: _____

Drivers License Number: _____

License Plate Number: _____

Vehicle Identification Number: _____

Insurance Company: _____

Vehicle Accident Report



Urbana Park District

303 W. University Ave | 217-367-1536

ACCIDENT INFORMATION

Date and Time: _____

Location, City, State: _____

Were the police called? Yes No

Responding Officer: _____ Police Department: _____

Police Report Number: _____

Was an ambulance called? Yes No Was the Fire Department called? Yes No

Name(s) of Injured Person(s): _____

Describe accident and damage to vehicles and property. Name streets and direction of travel:

Accident Diagram:

All Items Filled Out Completely

Name: _____ Date: _____

Copy to Supervisor

Supervisor Signature: _____ Date: _____

Original to Business Office