

# Watertown Human, Social & Leisure Services

*Parks & Recreation; Senior Services; Crestbrook Park Golf Course; Social Services: Food & Fuel Bank*  
61 Echo Lake Road, Watertown, CT 06795 Ph: (860) 945-5247 Fax: (860) 945-4734

## Incident/Accident Report

### GENERAL:

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM PM

Facility: \_\_\_\_\_ Exact Location: \_\_\_\_\_

Staff on duty at time of incident: \_\_\_\_\_

Number of patrons in facility at time of incident: \_\_\_\_\_

Type - Circle all that apply: Injury / Medical Emergency / Police Emergency / Theft / Damage / Interaction w/ public

Description of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INCIDENT INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Numbers: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Was a police report written? Yes No Case #: \_\_\_\_\_ Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Did staff provide care? Yes No If No, go to witness section.

Name of person(s) who provided care: \_\_\_\_\_

Time EMS called: \_\_\_\_\_ AM PM Was the victim transported to an emergency facility? Yes No

If yes, where? \_\_\_\_\_ If No, person returned to activity? Yes No

Exposure (contact) to blood and/or bodily fluids? Yes No List Personal Protective Equipment used: \_\_\_\_\_

### WITNESSES:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Witness description of incident: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Witness description of incident: \_\_\_\_\_

### REFUSAL OF TREATMENT:

Did victim refuse medical attention by staff? Yes No If Yes, have them sign below.

I, \_\_\_\_\_ am refusing medical treatment: Relationship: \_\_\_\_\_

Signature(Parent/Guardian's if a minor): \_\_\_\_\_ Date: \_\_\_\_\_

### PRESENTED BY:

Report Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Report incidents to your immediate Supervisor. Take Photos. Use reverse side if needed.**

**Turn in forms to the Watertown Parks & Recreation Department within 24 hours.**

Revised 04/2018 Ilc