



WATERTOWN, CONNECTICUT
PARKS, RECREATION, SENIOR, & SOCIAL SERVICES
61 ECHO LAKE ROAD WATERTOWN, CONNECTICUT 06795-2629
MAIN OFFICE (860) 945- 5246 FAX (860) 945- 4734



INCIDENT/ACCIDENT REPORT

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: _____

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? (circle) yes no If no, go to witness section.

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

Signature(Parent/Guardian's if a minor): _____

Name of person 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

Witnesses:

1. Name: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip code: _____

Witness description of incident: _____

Report Prepared By Name: _____ Title: _____

Signature: _____ Date: _____

Recreation Director Signature: _____