

**Town of Marlborough
Park and Recreation
Accident/Incident Report**

Organization/Company _____ Date _____ Time _____
Location _____ Organization Supervisor _____
Did Injured Person or Employee Consult Doctor? _____ Name of Dr. _____
Did Person or Employee Visit Health Clinic? _____ Hospital _____ Date _____
Ambulance Transport? _____

Type of Incident:

Injury Third Party Injury
 Property Damage or Theft Third Party Damage
 Motor Vehicle Accident Disruption

Name of Injured/property Damaged: _____
Address: _____ Phone _____ Age _____

Describe Incident:

Witness(s): Names and Addresses _____

Type of Accident: Injury _____ Property Damage _____

If Injury, First Aid Given and by Whom: _____

Equipment involved in the accident/incident _____

Corrective Actions Taken to Prevent Similar Occurance: _____

(Signature of Person Reporting Accident/Incident) _____ Date _____

PLEASE NOTIFY PARK AND RECREATION IMMEDIATELY AFTER ACCIDENT by phone: 295-6203 to leave a message and then follow up with a copy of this report sent to the Park and Recreation Department Office to be filed.