



# Howell Parks & Recreation Department

P.O. Box 580 • 251 Preventorium Road

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## ACCIDENT REPORT FORM

This report is to be completed by the Site Director/Supervisor if any person is involved in an accident or injury in any Parks & Recreation Department's programs or events. This report must be filled out in its entirety and submitted to the Parks & Recreation Department within 24 hours of the incident.

In the event of a serious (ambulance required) accident or injury, please call 911. Immediately after calling 911, please notify the parents of the injured and then the Parks & Recreation Department.

Name of Injured: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Injured: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Condition/Visibility of Weather: Clear \_\_\_\_\_ Rainy \_\_\_\_\_ Cloudy \_\_\_\_\_ Snowing \_\_\_\_\_ N/A \_\_\_\_\_

Describe exactly how the accident occurred (*use back of form if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the immediate action taken and by whom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe extent of injuries: \_\_\_\_\_

Was first aid provided? Yes \_\_\_\_\_ No \_\_\_\_\_ In what capacity? \_\_\_\_\_

Did participant return to work/activity? Yes \_\_\_\_\_ No \_\_\_\_\_ Were parents notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's or Authorized Adult's Signature: \_\_\_\_\_

Site Supervisor/Director's Signature: \_\_\_\_\_

**IMPORTANT: Accident Report must be completed in its entirety and filed with the Parks & Recreation Department within 24 hours of the incident.**