

Park and Recreation Commission
Town of Needham, Massachusetts

ACCIDENT FORM

Name of Injured: _____ Phone (____) _____

Address of Injured: _____

Date of Injury: _____ Time of Injury: _____

Site Location: _____

Name/Phone of Witness(es): _____

Description of Injury: *(give specific details, including type of injury, specific area of injury, specific location of site)* _____

Action Taken: _____

If child involved, were parent(s) notified? *Indicate who was notified, when, and any actions steps.*

Form completed by: _____ Phone: (____) _____ Date: _____

Form Reviewed by: Director of Park and Recreation _____

Additional questions should be referred to Patricia M. Carey, Director of Park and Recreation

Hand deliver or Fax (781) 449-4569 form to P&R department, Needham town hall

This accident form must be submitted within 24 hours, or on first day of business following accident.