

Township of Long Hill
Department of Recreation

INCIDENT REPORT

(Please use this form to report accidents/injuries and or damage to the Long Hill Recreation Department. It is expected that this form be submitted to the Recreation Director within 24 hours of the incident or the next business day)

Name of person injured: _____ Phone: _____

Address: _____

Activity Involved: _____ Time: _____ Location : _____

Incident Description: _____

Witness Name(s): _____ Phone #'s: _____

If there was an injury, describe that injury: _____

Was first aid administered? If so, what was done? _____

Was the injured person transported to the hospital or a doctor? _____

If so, where? _____

Who did the transport? (Parent or EMS?): _____

If this was an organized activity, who was the on-site person in charge?

Signature of Preparer _____ Date: _____

Print Name _____

Retain one copy of this report for your records and submit one copy to the Recreation Director.

Long Hill Township; 915 Valley Rd.; Gillette NJ 07933

Recreation Department: 908-647-8000 x 219; 908-343-7437 (cell); recreation@longhillnj.us