



FRANKLIN LAKES PARKS AND RECREATION DEPARTMENT

ACCIDENT REPORT FORM

GENERAL INFORMATION (Please, Print All Information):

Name Of Park

Date & Time Of Accident/Incident

Weather Conditions

INJURED PARTICIPANT:

Name of Injured Person

Age

Sex

Phone

Address

City

State

Zip Code

Association with Program: _____

Describe Accident and the Injury: _____

FIRST AID: Check all that apply

Was First Aid Necessary? Yes No Who Administered First Aid: _____

What First Aid Was Provided? _____

Was Ambulance called? Yes No

Other Notification? Yes No Who was notified? _____ By whom? _____

Was Injured Person Transported To Hospital or other Medical Facility? Yes No

If Yes, Provide Details: _____

WITNESSES:

Name

Address

Name

Address

Name

Address

NAME OF PERSON COMPLETING REPORT

HOME/CELL TELEPHONE

WORK/CELL TELEPHONE

ATTENTION: Please, make sure all spaces are filled.

Send completed report to the Rec. office within 24 hours of accident.

TELEPHONE NUMBER: 204-847-8200 FAX TELEPHONE NUMBER is 201-847-0719