

***Town of Bristol***  
***Department of Parks & Recreation***

ACCIDENT REPORT

Report must be completed and turned into the Dept. of Parks & Recreation office within 24 hours of incident. The Parks & Recreation Director should be notified as soon as possible following incident.

Organization: \_\_\_\_\_

Name and phone #of person injured: \_\_\_\_\_

Participant:  Staff:  (check one)

Location accident occurred: \_\_\_\_\_

Date and Hour of accident: \_\_\_\_\_

State in detail what occurred: \_\_\_\_\_

\_\_\_\_\_

State exact nature of injury: \_\_\_\_\_

What action was taken in response to injury? \_\_\_\_\_

\_\_\_\_\_

Name of person responding to emergency call: \_\_\_\_\_

Name of any witnesses: \_\_\_\_\_

Cause of accident: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_