



**WOODCLIFF LAKE PARKS AND RECREATION  
INCIDENT/INJURY REPORT FORM**

Name of Person Making Report \_\_\_\_\_ Date & Time \_\_\_\_\_  
First Last

Name of Team/Club \_\_\_\_\_

Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_

What Recreational Sport was Person Participating in? \_\_\_\_\_

Circle One: Incident Report Accident Report

Name of Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Sex: (Circle One) M F Age \_\_\_\_\_

Address of Person: \_\_\_\_\_

Incident Details, Action Take (including first aid) (be specific about who, what, where, when, why & how) – Use space on back if needed

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

**Location Occurred** (Circle One)

Athletic Field: Rinzler Lockwood Major School Fields

Gymnasium: Dorchester WCMS

Old Mill Pool: Location

Were Any of the Following Contacted? (Circle One): Police Ambulance Parent/Guardian

Was Concussion Fact Sheet Provided to Parent/Guardian? Yes/No

DID PERSON REFUSE MEDICAL HELP? (If yes, obtain signature) \_\_\_\_\_

ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name of Coach

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Witness/Parent/Guardian/Injured

Director of Recreation notified: yes no By whom? \_\_\_\_\_

9-1-1 called: (Circle One) yes no By whom? \_\_\_\_\_