



INCIDENT/ACCIDENT REPORT

Pelham Recreation Department

20 Fifth Avenue

Pelham NY 10803-1502

Report # _____

Facility Name _____
Gym _____
Field _____

Copies to: _____

PERSON(S) INVOLVED: _____ Player/Participant _____ Other (Coach, Volunteer, Referee) _____ Spectator

Person Involved	Last Name	First Name	Address	Telephone
Witness	Last Name	First Name	Address	Telephone

Person Involved	Last Name	First Name	Address	Telephone
Witness	Last Name	First Name	Address	Telephone

TYPE OF INCIDENT:
 Accident
 Injury _____ (Nature) _____ Property Damage/Vandalism
 Ejection from Game
 Trespasser
 Other _____ Violation of Code of Conduct

ACTION TAKEN:
 Ambulance called
 Injured Party taken to Hospital _____ Name
 Police notified, Report # _____
 Injured Party taken to Doctor _____ Name

Organization filing report: _____

Organization official filing report:	Name	Title	Telephone
When did incident occur?	Day of Week	Date	Time

Exact location of incident: _____

What happened: (Describe incident or condition, give details, names of persons involved, witnesses, etc.-Use back for additional details)

Report Prepared by: _____

Reviewed by: _____ Print Name _____ Signature _____

THIS FORM MUST BE FILLED OUT FOR EVERY INDIVIDUAL AND FILED AT REC. OFFICE IN 24 HOURS