

WOLFEBORO AREA RECREATION ASSOCIATION

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Phone: 603-569-1909

The Nicholas J. Pernokas Recreation Park – "A Place for All Ages"

"THE NICK" ACCIDENT / INJURY REPORT

DATE OF ACCIDENT ____/____/____
(MO) (DAY) (YEAR)

TIME OF ACCIDENT ____:_____M

TIME REPORTED/OBSERVED: ____:_____M

DATE OF REPORT ____/____/____
(MO) (DAY) (YEAR)

CHECK ONE: NON ORGANIZED ACTIVITY ORGANIZED ACTIVITY

ACTIVITY NAME _____

EXACT LOCATION WHERE ACCIDENT OCCURRED: _____

MANNER OF ACCIDENT: _____

INJURED BODY PARTS: HEAD FACE NECK SHOULDER UPPER ARM FOREARM
 ELBOW WRIST HAND FINGER CHEST
 TORSO BACK BUTTOCKS THIGH LOWER LEG
 KNEE ANKLE FOOT HEEL TOE

NAME OF INJURED: _____

MALE FEMALE D.O.B. ____/____/____ AGE: ____
(MO) (DAY) (YEAR)

STREET ADDRESS: _____

TOWN: _____ STATE: _____ PHONE: _____

WITNESS: _____

STREET ADDRESS: _____

TOWN: _____ STATE _____ PHONE: _____

DID YOU WITNESS THE ACCIDENT? YES NO WAS FIRST AID ADMINISTRED? YES NO

DESCRIBE _____

ASSISTANCE REQUESTED? YES NO RESCUE AMBULANCE PERSONAL CONTACT

ASSISTANCE REQUESTED BY: _____ RELATIONSHIP: _____

NAME OF OFFICER IN CHARGE: _____ AGENCY: _____

REMOVED TO HOSPITAL? YES NO BY: _____ TIME: ____:_____M

NAME OF HOSPITAL: _____ IF MINOR PARENTS WERE CONTACTED AT ____:_____M

PARENTS WERE CONTACTED BY: _____ PERSON RECEIVING THE CALL _____

WERE PHOTOS TAKEN? YES NO WAS PROPERTY DAMAGED INVOLVED? YES NO

EXTRA PAGES ATTACHED? YES NO # OF PAGES _____

REPORTED BY: _____ TITLE: _____

Signature

Phone