

**TOWNSHIP OF TEANECK  
TEANECK RECREATION DEPARTMENT**

**ACCIDENT REPORT**

DATE OF ACCIDENT: \_\_\_\_\_

TIME OF ACCIDENT: \_\_\_\_\_

**ACCIDENT DETAILS**

(provide specific information as to the location and any information you can provide as to the circumstances surrounding the accident):

Location \_\_\_\_\_

How did accident occur \_\_\_\_\_

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

**CONTACT INFORMATION**

Name of Injured: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:  
Residence: \_\_\_\_\_ Cell: \_\_\_\_\_

**INJURY DETAILS**

Nature of Injury (provide any details of the injury as reported by the injured person):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAS 911 CALLED?** NO \_\_\_\_\_ YES \_\_\_\_\_ TRANSPORTED BY AMBULANCE? \_\_\_\_\_

**WAS FIRST AID ADMINISTERED?** \_\_\_\_\_ **BY WHOM?** \_\_\_\_\_

\_\_\_\_\_  
Witness of Accident

\_\_\_\_\_  
Witness of Accident

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date Report Completed