



Town of Rocky Hill

REPORT OF INCIDENT / ACCIDENT ON TOWN PROPERTY OR AT SPONSORED ACTIVITY

Please check: _____ Student _____ Employee _____ Other

Department or School reporting incident _____

Name of Injured _____ Telephone # _____
Address _____

Date & Time of Incident _____

Location of Incident _____

Nature of the injury/medical problem _____

Describe fully how incident/accident occurred _____

Witness name and phone _____

Who was supervising the activity _____

Describe medical treatment _____

Was parent or guardian notified? Whom _____

Completed by: _____ Date _____

PLEASE RETURN TO: MONA MCKIM, TOWN TREASURER