

Hillsdale Recreation Commission  
Borough of Hillsdale, New Jersey  
Accident Report / Documentation

Date of Report: \_\_\_\_\_ Place of Injury: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Association with Program: \_\_\_\_\_  
(e.g., spectator, coach, athlete)

Location / Accident \_\_\_\_\_ Time of accident: \_\_\_\_\_ PM / AM

Description of Injury:  
\_\_\_\_\_

Describe how the accident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: (Check All that apply)  
\_\_\_\_\_ a. None required \_\_\_\_\_ b. injured refused treatment  
\_\_\_\_\_ c. Parent(s) called at \_\_\_\_\_ am/pm

Caller: \_\_\_\_\_  
\_\_\_\_\_ d. First aid given

by: \_\_\_\_\_  
Describe: \_\_\_\_\_

\_\_\_\_\_ e. Ambulance called at \_\_\_\_\_ am/pm

Caller: \_\_\_\_\_

\_\_\_\_\_ f. Injured taken to: \_\_\_\_\_ via: \_\_\_\_\_

\_\_\_\_\_ g. Others notified: \_\_\_\_\_

Witnesses: (1) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
(2) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Report: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Retain (1) copy of this report for your records and submit copy to league official, insurance company, and Recreation Director***