



**TOWN OF SURFSIDE
ACCIDENT/INCIDENT REPORT FORM**

Name: _____

Address: _____ City: _____

Home Phone: _____ Cell/ Other: _____

Date: _____ Time: _____ Location: _____

How did accident/incident occur?

Nature and extent of injuries:

First Aid:

Rescue Squad/Police Called? _____

Injured Sent Home? ___ Yes ___ No Stayed at Facility ___ Yes ___ No

Sent to Hospital? ___ Yes ___ No Sent to Worker's Comp ___ Yes ___ No

Witness: _____

Date and Time of Report: _____

Signature of person filling report: _____

Signature/Title of person receiving report: _____