

# Liability Claim Report

## SECTION 1

(Complete in full)

1. Municipality name: \_\_\_\_\_

### 2. Incident Information:

Reporting date: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Describe what happened:

Contact person for additional information: \_\_\_\_\_

Witness/Passenger Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Was a Police Report filed? Yes  No  Report # \_\_\_\_\_

Where filed? \_\_\_\_\_

## SECTION 2

### 1. Injury/Accident

Injured's name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Nature & extent of injury/accident:

Exact location of injury/accident:

Was person given first aid? Yes  No

If yes, describe treatment administered:

Sent for medical treatment? Yes  No

If yes, where? \_\_\_\_\_

### 2. For Parks & Recreation Use Only

Age of participant: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Program name: \_\_\_\_\_ Location: \_\_\_\_\_

Program Supervisory Ratio: \_\_\_\_\_ Number of program participants: \_\_\_\_\_

# Liability Claim Report

***Fill in where applicable:***

- |  |             |             |
|--|-------------|-------------|
| <input type="checkbox"/> Attended by Doctor?                 | Name: _____ | Time: _____ |
| <input type="checkbox"/> Removed to Hospital?                | Name: _____ | Time: _____ |
| <input type="checkbox"/> Parent Notified?                    | Name: _____ | Time: _____ |
| <input type="checkbox"/> Parent/person that picked up child? | Name: _____ | Time: _____ |

**PLEASE ATTACH COPY OF SIGNED WAIVER RELEASE FORM, IF APPLICABLE**

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_