

CITY OF TRENTON ACCIDENT REPORT

(NON-EMPLOYEE)

IDENTIFICATION

Name of Injured: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Is injured party a minor? _____ yes _____ no

If minor, was parent/guardian notified of accident? _____

Person notified _____ Date/Time of notification: _____

Date of Injury/Accident: _____ Time: _____

Location of Accident (building, room, street, playground, etc.): _____

() Indoors () Outdoors () Other _____

Weather Conditions: _____

INJURY

Type of Accident (i.e. fall, trip, vehicle, etc.):

Source (describe the object which caused injury):

Nature (describe the injury, strain, laceration, burn, etc.):

Part(s) of body injured: _____

PROPERTY DAMAGE

Describe property, equipment of material damaged: _____

DESCRIPTION

What happened, who was involved, where, when and how? _____

MEDICAL

What medical attention was given? _____

WITNESS

Name of witnesses (if any). Please provide phone number and address: _____

Employee receiving the above information: _____

Today's date: _____