



## Township Of Mahwah Injury Report Form

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

Injured: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

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

Description of Circumstances: \_\_\_\_\_

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Action Taken: (check all that apply)

\_\_\_\_ non required    \_\_\_\_ injured refused treatment

\_\_\_\_ Parent called at \_\_\_\_ am/pm Caller: \_\_\_\_\_

First aide given by: \_\_\_\_\_

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

Ambulance called at: \_\_\_\_\_ am/pm Caller: \_\_\_\_\_

Injured taken to: \_\_\_\_\_

Via: \_\_\_\_\_

Others notified: \_\_\_\_\_ at \_\_\_\_ am/pm

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

Witness: (1) \_\_\_\_\_ Phone # \_\_\_\_\_

(2) \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Retain (1) copy of this report and submit a copy to Dennis J. Burns, Recreation Director, Email: [rdirector@mahwahtwp.org](mailto:rdirector@mahwahtwp.org), Township of Mahwah, 475 Corporate Drive, Mahwah, NJ 07430