

MARLBORO TOWNSHIP RECREATION

1996 Recreation Way

Marlboro, NJ 07746

732-617-0100

ACCIDENT REPORT

****Note:** This form is to be filed with the Recreation Office within 48 hours of the accident. If this form is not submitted within the specified time, the Insurance Company will not be responsible for payment of any claim.

NAME:

TELEPHONE:

HOME ADDRESS:

DATE OF ACCIDENT:

TIME OF ACCIDENT:

PLACE OF ACCIDENT:

Brief description of the Activity and Injury

WITNESS:

SUPERVISOR:

TREATMENT:

Parents Names:

Parents Notified: Yes

No

First Aid Squad called: Yes

No

Name of First Aid Squad Supervisor:

Signature of Site Director or Person in charge:

Township Insurance will provide limited secondary coverage after first submitting to your own Insurance Company.

This form must be in the Recreation Office within 48 hours of the accident, or the Insurance Company will not make payment.