

TOWN OF DOVER
RECREATION DEPARTMENT

211 N. Sussex Street
Dover, NJ 07801
973-366-2200 x3128 Fax: 973-366-2225



ACCIDENT REPORT FORM

Location of Injury: _____ Date: ____/____/____

Name of Injured Person: _____ Date of Birth: ____/____/____

Male ☐ Female ☐ Social Security # ____ - ____ - ____ Phone #: (____) ____ - ____

Address: _____
Street City State Zip Code

Date of Injury: ____/____/____ Time of Injury: ____:____ AM PM

Injury was sustained in practice/game between _____ and _____
at _____
(Location/Field/Gym)

Description of Injury: _____

Detailed description of circumstances surrounding the accident: _____

What caused the accident? _____

Name of Supervisor/Coach at time of accident: _____

I hereby affirm that the above information is a true statement of the facts surrounding the accident.

Signature of Coach/Official Date

Signature of Parent/Guardian of Injured Player Date

***Important: This form must be submitted with all complete information and must be received by the Recreation Department no later than 12:00 noon on the day following the accident.
Injuries, no matter how slight, must be reported.***