LIVINGSTON RECREATION DEPARTMENT
INCIDENT REPORT

(FORM M UST BE TURNED IN WITHIN 24 HOURS OR NEXT BUSINESS DAY)

Person Making Report_____Date of Incident_____
Where did the incident take place?_____
During what recreation activity? _____
Name of all person(s) involved: _____ _____
_____ _____ _____

Name of witness(s):
Name_____ Phone#_____ _____
Name_____ Phone#_____
Name_____ Phone#_____

Was anyone injured in the incident? YES NO
Did anyone administer first aid? YES NO
Was an ambulance called? YES NO
Were the police called? YES NO
Was there a police report made? YES NO

Please briefly explain the incident as detailed as possible using names, dates, and times of occurrences in order as they happened: (use back of form or an additional sheet if necessary).

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I verify that the contents of this report are true to my knowledge and written by me.
X_____
X_____, Recreation Department Supervisor/Staff

OFFICE USE ONLY: Date received _____ received by_____
Action Taken_____
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