



Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

Report of Incident/Illness

Occurrence

| | | |
|-------|-------|-----------|
| Date: | Time: | Location: |
|-------|-------|-----------|

Person Aided

| | | |
|-------|----------|--------------------------|
| Name: | Address: | Telephone: (h) (c) |
|-------|----------|--------------------------|

| | | |
|------|---------|------------------|
| DOB: | Gender: | Person Notified: |
|------|---------|------------------|

Description of Occurrence

| | |
|--------------------------|---|
| Part(s) of Body Injured: | Description of Injury/Illness (circle one): |
|--------------------------|---|

Witnesses

| | | |
|----------|----------|------------|
| Name(s): | Address: | Telephone: |
| | | |
| | | |

Emergency Personnel Contacted

| | |
|--|-----------------------|
| Police: <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Contact Info: |
| Dr./Hosp: <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Contact Info: |

(TURN OVER)

Narrative

I do not request medical assistance/transportation to a medical facility.

| | | |
|---------------|------------|-------|
| Name (Print): | Signature: | Date: |
|---------------|------------|-------|

Employee Reporting and Recording Information

| | | |
|---------------|------------|-------|
| Name (Print): | Signature: | Date: |
|---------------|------------|-------|