

# Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

## **<u>Report of Incident/Illness</u>**

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:YesNo	If Yes, Contact Info:	
Dr./Hosp:YesNo	If Yes, Contact Info:	

# (TURN OVER)

Telephone (860) 658-3200 Facsimile (860) 658-9467

www.simsbury-ct.gov

A n Equal Opportunity Employer 8:30 - 7:00 Monday 8:30 - 4:30 Tuesday through Friday

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

Name (Print):	Signature:	Date:

### **Employee Reporting and Recording Information**

Name (Print):	Signature:	Date:

Revised: 1/30/2013