

# Incident Report Form

THETFORD RECREATION DEPARTMENT  
P.O. Box 126, Thetford Center, VT 05075  
Laurel Mackin, Director  
(802) 785-2922 ext. 6  
recreation@thetfordvermont.us

Date of Incident: \_\_\_\_\_ Time \_\_\_\_\_

Injured person(s), if any:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Brief factual summary of incident:

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Location where incident occurred: \_\_\_\_\_

Describe the nature of any injuries: \_\_\_\_\_

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Was medical attention required? If so, what, where and when?

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Names and contact information for witnesses:

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Additional information, if any: \_\_\_\_\_

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Submitted By \_\_\_\_\_ Date: \_\_\_\_\_  
NAME TITLE