

MARLBORO TOWNSHIP RECREATION
1996 Recreation Way
Marlboro, NJ 07746
732-617-0100

ACCIDENT REPORT

****Note:** This form is to be filed with the Recreation Office within 48 hours of the accident. If this form is not submitted within the specified time, the Insurance Company will not be responsible for payment of any claim.

NAME: _____ TELEPHONE: _____

HOME ADDRESS: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

PLACE OF ACCIDENT: _____

Brief description of the Activity and Injury _____

WITNESS: _____ SUPERVISOR: _____

TREATMENT: _____

Parents Names: _____

Parents Notified: Yes No

First Aid Squad called: Yes No

Name of First Aid Squad Supervisor: _____

Signature of Site Director or Person in charge: _____

Township Insurance will provide limited secondary coverage after first submitting to your own Insurance Company.

This form must be in the Recreation Office within 48 hours of the accident, or the Insurance Company will not make payment.