BOROUGH OF NEW MILFORD
930 RIVER ROAD
RECREATION COMMISSION

967-7069 ********** 261-0136

SUPERVISORS CLAIM/INCIDENT REPORT

Note: Use this form (1) to report any accident which caused bodily injury or property damage or (2) to report any incident which has the potential to cause bodily injury or property damage.

(1) Name of Member	(2) Department	(3) Phone Number	(4) Reported By
(5) Exact Location of Claim/Incident	(6) Date of Claim/Incident	(7) Time A.M P.M	(8)Date Reported

PERSONAL INJURY Claim Incident	PROPERTY DAMAGE Claim ☐ Incident ☐
(9) Name and Address of Injured Person or Claimant	(14) Property Damaged
(10) Occupation / (11) Age	(15) Nature of Damage
(12) Nature of Injury	
(13) Part of Body Injured	(16) Extent of Damage
(17) Insurance Company or Agent / (18) Phone Number	(19) Estimated Cost / (20) Actual Cost

Witnesses	1) _____	Phone No: _____
Names and	2) _____	Phone No: _____
Addresses	3) _____	Phone No: _____
	4) _____	Phone No: _____

(22) Describe clearly how the accident/incident occurred (attach any supporting data) Police Report Number

Evaluation:
(23) Loss Potential ☐ Major ☐ Serious ☐ Minor | (24) Probable Reoccurence ☐ Frequent ☐ Occasional ☐ Rare

(25) Suggestions or actions taken to prevent reoccurrence

SUBMITTED BY _____ DATE _____

RECREATION DIRECTOR _____

FORWARD THIS REPORT TO THE RECREATION DIRECTOR AND BOROUGH INSURANCE ADJUSTER