



**BOROUGH OF RINGWOOD**  
Passaic County, New Jersey

**Incident Report**

Completed Report to be Filed with Appropriate Department within 48 hours of the Incident.

Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Insureds' Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle): M F

Parent's Name (if minor): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Parent Notified (if applicable): Yes \_\_\_\_\_ No \_\_\_\_\_

**Brief description of the incident** (Include Location, Activity and Extent of Injury(ies))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What action was taken in response to this incident?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coach's Name (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor Name – Please Print)

\_\_\_\_\_  
(Supervisor's Signature)

Date Recorded (Appropriate Department): \_\_\_\_\_