

ACCIDENT / INCIDENT FORM

7 Standish Way North Truro, MA 02652 Phone: (508)487-1632 Fax: (508)487-0854

> Mailings P.O. Box 2030 Truro, MA 02666

Date of Incident:		Time:	8	a.m.	p.m.
Location:					
Name(s) of Injured Individual(s):					
Witnesses to Incident/Accident:					
Individual Writing Report:					
Description of Incident (use back if needed):					
A (' T) (1 1 1 C 1 1)					
Action Taken (use back if needed):					
Was 911 Called?	□ NO				
Was there a piece of faulty equipment involved?		NO NO			
If so, was DPW notified? YES N		Name of DPW staff notified:			
		Traine of B1 W staff hothred.			
Name of Cuardian Natified:					
		Time:		p.m	1.



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