

GENERAL LIABILITY ACCIDENT REPORT

REPORT EVERY ACCIDENT WITHIN 24 HOURS TO:

Carroll County Department of Enterprise & Recreation Services
225 North Center Street, Room 100 Westminster, MD 21157
410-386-2103 phone 410-876-8284 fax

Council Information	1.	Recreation Council:	Program:
Personal Injury	2.	Name of Injured Person:	Age:
	3.	Street Address:	
	4.	City:	State: Zip:
	5.	Where and by whom employed:	
	6.	Nature and extent of injuries:	
	7.	Name of doctor or hospital:	Where taken:
	8.	Why was injured on premises:	
	Note:	If additional injured involved, please list them on a separate sheet and attach to this report.	
	Description of Accident	9.	Date of Accident:
10.		Location of Accident (Street, City, State):	
11.		Full description and cause of accident	
Witnesses	12.	Full names & addresses of witnesses (include those who inspected location immediately before or after accident as well as those who saw accident)	
		Witness:	
		Witness:	
Investigation of Accident	13.	Statement by injured as to cause of accident:	
	14.	State whether or not you think claim will be made:	
	15.	Remarks and recommendations:	
Report	16.	Name of person completing form:	phone:
	17.	Signature of person completing form:	date:
I ACKNOWLEDGE THAT I HAVE REFUSED FIRST AID/AMBULANCE ASSISTANCE. If under 18 parent/guardian must sign PATIENT OR GUARDIAN SIGNATURE:		I ACKNOWLEDGE THAT I HAVE BEEN ADVISED TO SEEK FURTHER MEDICAL ATTENTION. If under 18 Parent/Guardian must sign PATIENT OR GUARDIAN SIGNATURE:	