



Woodstock, CT

www.meadowside-of-woodstock.com

ACCIDENT/INJURY REPORT FORM

Date of Accident/Injury:	
Name of person(s) involved:	

Time and location of incident:	
Name of person completing report:	
Contact phone number:	

Describe Incident and Cause <i>(Include location and events preceding incident. Attach additional pages if necessary)</i>	
Action Taken <i>(Include any medical response, treatment or notification of police/fire/EMS services)</i>	

Board Member Notified:	
Additional Steps Taken <i>(Include any follow up communication with person(s) involved)</i>	

The Meadowside Accident/Injury Report Form is for the sole purpose of reporting information. Submission of the form does not alter any individual liability for the incident nor does it supersede or negate any independent responsibility an individual may have to report the incident to other authorities.