

Town of Templeton Incident Report

Report any incident including injury, property damage, or youth protection event:

1. Immediately following the incident, call the Board of Selectmen Office at 978-939-8801
2. Follow up by immediately completing, and faxing this form to Board of Selectmen at 978-939-4065

PLEASE PRINT CLEARLY

| UNIT INFORMATION | | |
|---|---------------------------------------|-------------|
| Dept.: | Committee or Chartering Organization: | |
| INFORMATION ON PERSON IN CHARGE OF THE GROUP | | |
| Name: | | |
| Address: | | |
| Mailing Address(if different): | | |
| Phone numbers: | Home: | Work: |
| | Fax: | Cell Phone: |
| Email Address: | | |
| INFORMATION ON THE INCIDENT | | |
| Nature of the activity: | | |
| Place of the activity: | | |
| Date of the incident: | Time of the incident: | |
| Exact location of the incident: | | |
| Weather conditions (if applicable): | | |
| Name of person in charge at the time: | | |
| Description of incident (if vehicle involved, attach owner, driver, registration info on separate paper): | | |
| Witness Name: | Home Phone: | Work Phone: |
| Email: | Cell Phone: | |
| Witness Name: | Home Phone: | Work Phone: |
| Email: | Cell Phone: | |
| COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO THE POLICE | | |
| Police Station Name, Number: | | |
| Police Station Address: | | |
| Name and Phone Number of the Officer in Charge: | | |

| COMPLETE ONLY IF THIS INCIDENT WAS REQUESTING EMS | | |
|---|---------------------------------|--------------------------|
| EMS Name, Number | | |
| EMS Address: | | |
| Name and Phone Number of the Officer in Charge: | | |
| INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY | | |
| Name: | | Birth date: |
| Address: | | |
| Mailing Address(if different): | | Email: |
| Home Phone: | Cell #: | Work #: |
| Complete this section if this person is a registered member: | Dept.: | Chartering Organization: |
| | Youth/Adult (Please circle one) | |
| Please describe nature of injury or property damage | | |
| Complete if applicable: | Name of doctor consulted: | Address: |
| | Phone: | |
| Complete if applicable: | Name of hospital: | Address: |
| | Phone: | |
| FOR NON-EMPLOYEES | | |
| Legal guardian sign for minor | Signature: | Date: |
| THIS SECTION FOR EMPLOYEES ONLY | | |
| This report must be signed by employee | Print full name: | |
| | Position: | |
| | Street Address: | |
| | Town, State, Zip: | |
| | Telephone (home): | (work): |
| | Fax: | E-mail: |
| | Signature: | Date: |

Fax, Mail or Drop off to the Board of Selectmen when completed; and send *Original* to Board of Selectmen.