Town of West Seneca - Incident, Property & Liability Report (WSREC) 9125

Please complete and submit this form to report all accidents, incidents, behavior issues, property damage, and other liability situations. This must be submitted to the Recreation Office by the end of shift.

Today's Date	Date of Incident		Time of Incident w/ AM/PM		Location Name & Address		Number of People Involved A separate report is needed for each person	
Name of Person (Las	st Name, First Nan	ne)						
Address (House #, Stre	eet, City, State, Zip	0)						
Phone Number (with	area code)							
Age of Person								
Did the person remain at the program/ facility?								
If minor (anyone under 18 years of age)								
Name of Parent/Gua	Phone Number				Method & Result Contact Parent/Guardian Must be contacted at time of report regardless of severity			
Nature of Injury (Typ	oe)							
Injured Body Part(s) Include Left, Right, Top, Bottom, Etc.								
Description of Incident (ie: how did this happen) including surroundings & weather:								
		1						
Was First Aid or An Given?	y Other Care	If so, what?			If so, by whom?			
						_		
Were authorities ca	lled?	If so, who was called?				Report Number		

Was the scene investigated?	Employ	ee Name	evidence se defective co	Were photos taken, evidence secured or defective conditions noted? If yes, attach or note below.		Employee or Department responsible for maintaining location where loss occurred	
Witness First/Last Nam Phone Number with An If none, write N/A							
Notes:							
Report Completation							
Name of Person Comp	leting Repo	ort					
Title							
Signature							
Date							
Number of Attachment	ts						

Signature of Person (If minor Parent/Guardian)	Print Name	Date	Relationship
			Circle Self Parent/Guardian

Office Staff Processing:

Please Email Copy To: West Seneca Legal Department: dwebber@twsny.org and

Cc: Tompkins Insurance Agencies: AVanCott@tompkinsfinancial.com,

 $\hbox{\it Cc: Recreation Supervisor Masset } \hbox{\it Imasset@twsny.org,}$

Save to 2025 Recreation > Accident Incident Reports.

Recreation Leader, Supervising Guard or other Leadership Level Employee on Duty Signature

Scan Subject: Last Name, First Name MDY (DATE) ie: Smith, John 06172025.

Contact person: Diane Webber / Phone: 716-558-3240