

Town of West Seneca - Incident, Property & Liability Report

Please complete this form and return to: West Seneca Legal Department: dwebber@twсны.org and
cc: Tompkins Insurance Agencies: AVanCott@tompkinsfinancial.com cc: Recreation Supervisor: Imasset@twсны.org

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

Today's Date _____

Date of Incident _____ Time of incident _____ AM/PM

Location of Incident: _____

Number of people involved _____

Nature of Injury (including body parts): _____

Name of parent, if injured is a minor child _____

Name of injured party: _____

Home address _____ Phone#: _____

Employee responsible for maintaining location where loss occurred: _____

Description of Incident including surroundings & weather: _____

Medical Care Provided? Yes No If yes, by whom? _____

Were authorities called: If so whom and report # _____

When was the parent/guardian notified:
Method*: _____
Date/Time: _____
Result: _____
*Include phone number if called

Name(s) & phone#(s) of Witness to incident: _____

Employee that investigated the accident location: _____

Accident Scene visited: Y N Photos taken: Y N Evidence secured: Y N (i.e. broken furniture) Defective
Conditions noted: Y N _____

Name & title of person completing report (please print)
Name _____ Title: _____

Signature of person completing incident report: _____

Date completed _____ How many pages are attached: _____

Parent/Guardian To Complete:
Print Name: _____
Signature: _____
Date: _____

FOR INTERNAL USE ONLY:
#1 Signature & Date _____
#2 Signature & Date: _____
(#2 only if applicable)