



CFPA INCIDENT REPORT FORM

YOUR NAME: _____

STREET/CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

INJURED PERSONS NAME: _____

STREET/CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL (optional): _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____ (A.M./P.M.)

LOCATION OF ACCIDENT: _____

WEATHER CONDITIONS: _____

DESCRIBE WHAT HAPPENED: _____

_____ MORE ON BACK? _____ (Y/N)

WAS AN AMBULANCE CALLED: _____ (Y/N) HOW LONG BEFORE IT ARRIVED: _____

WAS MEDICAL ASSISTANCE PROVIDED BEFORE THE AMBULANCE ARRIVED: _____ (Y/N)

IF "YES", DESCRIBE WHAT ASSISTANCE WAS GIVEN AND BY WHOM: _____

_____ MORE ON BACK? _____ (Y/N)

INJURED PERSON A MINOR: _____ (Y/N) IF "YES", Were Parents/Guardians present at the accident: _____ (Y/N)

PARENT/GUARDIAN NAMES: _____

WERE ANY OTHER PEOPLE PRESENT WHO COULD DESCRIBE WHAT HAPPENED: _____ (Y/N)

IF "YES", PROVIDE THE FOLLOWING FOR EACH:

NAME

ADDRESS

PHONE NUMBER

_____ MORE ON BACK? _____ (Y/N)

IF THE ACCIDENT INVOLVED A HORSE, SNOWMOBILE, ATV, CAR OR OTHER VEHICLE PROVIDE:

NAME OF OWNER: _____ PHONE NUMBER: _____

STREET/CITY/STATE/ZIP OF OWNER: _____

LIST/DESCRIBE ANY KNOWN PARTICULARS OF THE HORSE, SNOWMOBILE, ATV, CAR OR VEHICLE :

_____ MORE ON BACK? _____ (Y/N)

YOUR SIGNATURE: _____ DATE SIGNED: _____

**CONTACT CLARE CAIN OR TERRI PETERS AT CFPA (PH# 860-346-2372)
AND FORWARD A COPY OF THIS INFORMATION TO
CFPA 16 MERIDEN ROAD, ROCKFALL, CT 06481, FAX# 860-347-7463
ATTACH NOTES IF NECESSARY**