



WESTCHESTER TRAILS ASSOC.

ACCIDENT REPORT

NAME OF PERSON COMPLETING REPORT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE AND APPROXIMATE TIME OF ACCIDENT: _____

LOCATION: _____

DESCRIPTION OF ACCIDENT: _____

NAME OF PERSON INJURED: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DESCRIBE INJURY: _____

WHEN DID THE PERSON FIRST GET MEDICAL ATTENTION? _____

WHERE? (NAME/ADDRESS OF HOSPITAL OR DOCTOR): _____

NAME(S) AND CONTACT INFORMATION OF WITNESS(ES): _____

Signature of person completing report

Please return by mail to: Stephen Klepner, 447 Heritage Hills, Unit D, Somers, NY 10589
or by email to: spk010@yahoo.com