

CRITICAL INCIDENT/ACCIDENT REPORT
Town of Brunswick

Employee Name: _____

Title/Position: _____

Date of Incident: _____ **Time:** _____

Location of Incident: _____

Source of Report: _____

Witnesses: _____

Description of incident (include specific details, how behavior affected others, cause and effect factors, special circumstances, etc.):

Name the object, substance, or exposure which directly contributed to the incident/accident:

Describe the injury or disease and indicate the part of body affected. Indicate any medical treatment.

Describe action taken to insure incident/accident is avoided in the future:

By: _____ **Date:** _____

Make one copy for the department and forward the original to the Town Managers office