

Baltimore County Department of Recreation and Parks

INCIDENT REPORT

Activity _____ Date _____ Time _____

Place _____

Name of Injured _____ Age _____ Sex _____

Home Address _____ Phone _____

Nature of Injury _____

Description of Incident _____

Procedure followed by Department Representative _____

Witnesses

Name Address Phone

Name Address Phone

Name Address Phone

Remarks _____

Signed Official Title Phone

Results, if known _____

(Use Reverse side, if necessary)

Complete within 24 hours. Make five copies. Keep one copy, send others to your Program Coordinator's office.

Revised 6/96