

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. Keep one copy. Send original, along with two copies to Area Coordinator's office, which will forward to the Chief of Recreation Services.