

# BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

## INCIDENT REPORT

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Nature of Injury (please include which side of body-left or right): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure followed by Dept. Representative: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_

| Name  | Address | State/Zip | Phone |
|-------|---------|-----------|-------|
| _____ | _____   | _____     | _____ |
| _____ | _____   | _____     | _____ |
| _____ | _____   | _____     | _____ |

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Official Title \_\_\_\_\_ Phone \_\_\_\_\_

Results, if known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Use reverse side if necessary

