

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 Community Supervisor II (410) 887-7684
Official Title Phone

Results, if known _____

(Use Reverse side, if necessary)

Complete within 24 hours. Keep one copy. Send original, along with one copy to Area Coordinator's office, which will forward to the Chief of Recreation Services.