

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
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_____	_____	_____	_____
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_____	_____	_____	_____
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Remarks: _____

Signed	Official Title	Phone
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Results, if known: _____

Use reverse side if necessary