

# 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 | Name | State/Zip | Phone |
|------|---------|------|-----------|-------|
|------|---------|------|-----------|-------|

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|

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

\_\_\_\_\_

| Signed | Official Title | Phone |
|--------|----------------|-------|
|--------|----------------|-------|

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

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

Use reverse side if necessary