

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

301 Washington Avenue
Towson, Maryland 21204



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, making 5 copies. Keep one copy, send others to your Area Superintendent, Department of Recreation and Parks, 301 Washington Avenue, Towson, Maryland 21204.