



INCIDENT REPORT FORM

Name of Person Involved: _____

(If more than one individual was involved, separate reports should be completed.)

Name of Parent/Guardian (if under 18): _____

Address: _____ **City:** _____ **State:** _____

Phone #: _____ **Age:** _____ **M:** _____ **F:** _____

Facility/Park Where Incident Occurred: _____

Date of Incident: _____ **Time:** _____

Describe the Incident: _____

Was Police/Emergency Services Called: Yes: ____ No: ____

If Yes, What Action Was Taken?: _____

Staff on Site: _____

Witness: _____ **Phone #:** _____

Report Filed By: _____ **Phone #:** _____

Approved By: _____ **Date:** _____

***THIS FORM MUST BE FILED WITHIN 24 HOURS AFTER THE ACCIDENT OCCURS.**