

Copy to Risk Management? Yes ___ No ___ By Whom? _____

Attach Fax Confirmation Please

Bureau Chief's Initials

**HOWARD COUNTY - DEPARTMENT OF RECREATION & PARKS
INCIDENT REPORT/PARTICIPANT ACCIDENT/INJURY FORM**

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_____ - _____

Year Report #

PRINT PLEASE

REPORTED BY:		DAY/DATE OCCURRED:	DATE REPORTED:
SITE/LOCATION:		TIME OCCURRED: AM/PM	TIME REPORTED: AM/PM
ORGANIZATION/PROGRAM:			
<input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> OTHER _____ <input type="checkbox"/> VANDALISM <input type="checkbox"/> PROPERTY DAMAGE			
NAME OF PERSON INJURED, VANDALISED, ETC.:			
ADDRESS:		AGE (or estimate approximate):	
TELEPHONE:		EMAIL:	
Body Part Injured (indicate left, right, back, front, etc.): <input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Ear _____ <input type="checkbox"/> Foot _____ <input type="checkbox"/> Mouth _____ <input type="checkbox"/> Stomach _____ <input type="checkbox"/> Ankle _____ <input type="checkbox"/> Elbow _____ <input type="checkbox"/> Hand _____ <input type="checkbox"/> Neck/Throat _____ <input type="checkbox"/> Teeth _____ <input type="checkbox"/> Arm _____ <input type="checkbox"/> Eye _____ <input type="checkbox"/> Head _____ <input type="checkbox"/> Nose _____ <input type="checkbox"/> Toes _____ <input type="checkbox"/> Back _____ <input type="checkbox"/> Face _____ <input type="checkbox"/> Knee _____ <input type="checkbox"/> Scalp _____ <input type="checkbox"/> Wrist _____ <input type="checkbox"/> Chest/Ribs _____ <input type="checkbox"/> Fingers/Thumb _____ <input type="checkbox"/> Leg _____ <input type="checkbox"/> Shoulder/Collar Bone _____ <input type="checkbox"/> Other: _____			
Parent/Guardian Notified (Minors only - under 18): <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> email <input type="checkbox"/> other			Date/Time:
Name of Staff Person taking Action:		Action Taken:	
<input type="checkbox"/> Ambulance called		Hospital/Medical Contact:	
Officer's Name:		Police IR Number:	
Witness 1 - Name:		Address:	
Telephone Number:		Email Address:	
Witness 2 - Name:		Address:	
Telephone Number:		Email Address:	
Description of Incident/Accident/Injury (in detail, facts only): Attach Additional Sheet if necessary.			
Action by Staff/Follow-up:			
Vehicle Tag No:	YR	MAKE	Model Color:
Description of Damage (Property Damage/Vandalism):			Estimated Cost of Repairs: \$
Parent/Guardian Signature (if available) _____			Date _____ PHONE: _____
Employee's Signature _____			Date _____ PHONE: _____
Supervisor's Signature _____			Date _____ PHONE: _____

SERIOUS ACCIDENT: FAX REPORTS TO DEPT. HEADQUARTERS, 410-313-4646 & RISK MGMT 410-313-6399

Attachments _____

