

CROOKSTON PARKS & RECREATION INCIDENT REPORT FORM

Use this form to report any kind of incident that may occur. This report should be completed within 24 hours of the event.

Date of Report: _____

PERSON INVOLVED

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

INCIDENT

Date of Incident: _____ Time: _____ AM PM

Location: _____

Describe the Incident

INJURIES

Was anyone injured? Yes No

If yes, describe the injuries:

WITNESS

Were there witnesses to the incident? Yes No

If yes, enter the witnesses' names and contact info:

POLICE/MEDICAL SERVICES

Police Notified? Yes No

If yes, was a report filed? Yes No

Was medical treatment provided? Yes No Refused

If yes, where was medical treatment provided? On site Hospital Other:

PERSON FILING REPORT

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Report received by: _____ Date: _____

Follow-up action taken:

Action Taken: