



INCIDENT REPORT FORM

Type of Incident: _____ Injury
_____ Personal/ Property Loss / Damage
_____ Campground/ Facility Damage
_____ Other

DATE, TIME AND LOCATION OF INCIDENT:

DESCRIPTION OF INCIDENT:

NAME(S) OF PERSON(S) INVOLVED IN INCIDENT:

N/A

DISPOSITION (WHAT ACTION WAS TAKEN?)

ATTACH WITNESS STATEMENTS

OF ATTACHMENTS _____. N/A

PREPARER'S NAME (PRINT): _____

PREPARER'S SIGNATURE: _____

DATE & TIME: _____