

Pleasant Valley Recreation and Park District

INCIDENT REPORT

(All reports due in office within 24 hours)

Location Name: _____ Date: _____

Time incident occurred (or possible time span): _____

Name of individual (if known): _____ Age: _____

Address: _____ Phone: _____

Nature of incident (give detailed description): _____

What damage resulted? Describe: _____

Did you witness the incident? _____ Any other witnesses? Name(s): _____

Describe action taken: _____

Recommendations: _____

Costs: Labor \$: _____ Material \$: _____

Person reporting: _____ Date: _____

Office follow-up: _____
