



# GRANVILLE RECREATION DISTRICT

## Incident Report

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am or pm

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Describe the incident in detail: \_\_\_\_\_

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State fully, your procedure in handling this incident: \_\_\_\_\_

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If minors were involved, were parents called? \_\_\_\_\_

Were there any injuries? \_\_\_\_\_ (attach Accident Report if Yes)

Witnesses:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Employee / Volunteer filling out report:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job / Position: \_\_\_\_\_

Executive Director's Review

Name: \_\_\_\_\_ Date: \_\_\_\_\_