



City of North Richland Hills
 Parks & Recreation Department
ACCIDENT or INCIDENT REPORT

Date of Incident: **Day of Incident:** **Time of Incident:**

Location of incident: **Activity participating in:**

PERSONS INVOLVED

Name: **Age:** **Gender:** **Phone:**

Address: **City:** **Zip:**

Supervising Adult (if applicable), if no adult, who is in charge of minor:

Name: **Age:** **Gender:** **Phone:**

Address: **City:** **Zip:**

INCIDENT (include factual observations of person & occurrence, put all statements in quotes and identify speaker, use additional pages if necessary, submit immediately to supervisor)

Full Description of Incident:

Location of Injury (Body part, Right or Left, Front or Back, etc):

Action Taken (Body part, Right or Left, Front or Back, etc):

