

Georgetown Divide Recreation District

Incident Report

Mailing Address: P.O. Box 1418, Georgetown, CA 95634
Office Location: 5020 Ellinghouse Drive, Suite G, Cool, CA 95614

Please complete this form and keep a copy for your files. All incidents must be reported immediately.

Name of Person Involved: _____	Age: _____	Sex: _____
Address: _____	Date of Birth: _____	
City, State, ZIP: _____	Home Phone: _____	
	Work Phone: _____	

Date of Incident: _____ Time: _____ AM PM

Location of Incident: _____

Kind of Incident: _____

Unsafe Condition: _____ Employee Contact: _____

Theft of Property: _____ Violation if District regulation: _____

Other: _____ If other Describe: _____

Describe how the incident occurred; include persons, equipment and objects involved:

What was the person involved in the incident doing at the time: _____

Who was notified: _____

Was a GDRD sponsored activity involved? Yes No

If yes, describe: _____

Name of Staff person in charge: _____

Was there any property damage? Yes No

If yes, describe: _____

WITNESSES

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City,State, ZIP: _____ District Employee: Yes No

Comments: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City,State, ZIP: _____ District Employee: Yes No

Comments: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City,State, ZIP: _____ District Employee: Yes No

Comments: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City,State, ZIP: _____ District Employee: Yes No

Comments: _____

Was a police or fire report filed? Yes No

Was a citation issued? Yes No

If Yes, by whom: _____

Completed by,
Print Name: _____ Title: _____

Signature: _____ Date: _____

Reviewed by,
Print Name: _____ Title: _____

Signature: _____ Date: _____