Incident Reporting Form

*Complete this form with the information that is available or becomes available*

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| --- | --- |
| Incident Description –  Personal  Property | Incident # |
| Date and time of the incident | |
| Location and relationship to the Trail  Legal description and ownership of property on which incident occurred (if known) | |
| Person(s) involved in the incident: *(attach additional sheet if necessary)*  Name  Address  Telephone #  Age  Occupation  Medical Condition of the Injured party (if any)  Property Damage (if any) | |
| Witness(es): *(attach additional sheet if necessary)*  Name(s)  Address(es)  Telephone #(s) | |
| BTC activity ( ) Yes ( ) No Other organized activity ( ) Yes ( ) No  Specify: | |
| Purpose for using or accessing the trail / property | |
| Weather conditions at the time of the incident | |
| General circumstances of incident | |
| Any previous accidents/incidents in general area | |
| Warning or other signage in the area | |
| Information about the circumstances from police and/or other agencies *(Attach reports as they become available)* | |
| Other comments | |
| Names of persons providing information for this report | |
| BTC contact person regarding incident | |