



Incident Reporting Form

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

Incident Description – <input type="checkbox"/> Personal <input type="checkbox"/> 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: <i>(attach additional sheet if necessary)</i> Name Address Telephone # Age Occupation Medical Condition of the Injured party (if any) Property Damage (if any)	
Witness(es): <i>(attach additional sheet if necessary)</i> 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 <i>(Attach reports as they become available)</i>	
Other comments	
Names of persons providing information for this report	
BTC contact person regarding incident	