

Placerita Canyon
Natural Areas Division

Trail Incident Report

Date of Report: _____

File Number: _____

Date of Incident: _____

Time of Incident: _____

Name of Trail or Area: _____

Section or Description
of Trail Location: _____

Incident Type: Collision Injury Verbal Near miss Other

Description of
Incident: _____

Complainant Name: _____

Complainant contact information: _____

Received by Volunteer: _____

Submitted to Staff person: _____