



Incident Report

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Date of Incident: _____ Hour: ____:____ AM PM

Location of Incident: _____
.....

Describe what happened: _____

Name of Injured person/owner of property: _____

Address: _____

Phone #: _____

Description of injuries/damage: _____

.....
Witness Name: _____

Address: _____

Phone #: _____

Witness Name: _____

Address: _____

Phone #: _____
.....

Name of person completing report Signature Date

Fair Manager Signature Date
.....

This report to be submitted to the Fair Office by the end of the working day the incident occurs on.
A copy is to be sent to the Office Risk Management within 12 hours.