



## Incident Report

.....  
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.