

# Southwest Washington Fair

## 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 (Print Name)      Signature      Date

\_\_\_\_\_  
Fair Manager (Print Name)      Signature      Date

.....  

This report must be submitted to the Southwest Washington Fair Office by the end of the working day on which the incident occurred. A copy must be sent to the Lewis County Office Risk Management within 12 hours.
---