

Accident/Injury Incident Report

Please turn form in to the Clark County Fair Administration Office

NAME OF INJURED (IF ANY): _____

CONTACT PHONE NUMBER: _____

INJURY DATE: _____ TIME: _____

DATE REPORTED: _____ AGE: _____

MALE

FEMALE

EMPLOYEE

VISITOR

PERSON REPORTING INCIDENT: _____

CONTACT PHONE NUMBER: _____

NAMES AND CONTACT INFO OF WITNESSES: _____

WHERE INCIDENT OCCURRED: _____

NATURE OF INJURY OR PROPERTY DAMAGE: _____

HOW INCIDENT OCCURRED: _____

TYPE OF TREATMENT GIVEN FOR INJURY: _____

TREATMENT GIVEN BY: _____

COMMENTS: _____

