

## Accident/Injury Incident Report

**Please turn form into 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_