

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_