

Curwood Festival Inc.

Incident Report Form

CLAIMANT INFORMATION

Name of Injured Party: _____

Age: _____ Address: _____

Phone: _____ Place of Employment: _____

Description of Injury: _____

Name of Doctor or Hospital, if applicable: _____

CHAIRMAN OBSERVATIONS

Claimant's Attire/Description of clothing: _____

Claimant carrying anything? _____

Please describe claimant's demeanor when making a report (i.e. agitated, in obvious pain, able to move around while describing what happened): _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Did the incident occur on organization's premise? _____

Location of Incident: _____

Description of Incident: _____

WITNESS INFORMATION

1. Name: _____ Phone: _____ Age: _____

2. Name: _____ Phone: _____ Age: _____

3. Name: _____ Phone: _____ Age: _____

4. Name: _____ Phone: _____ Age: _____