**Canton City Public Health**

**Incident Report (complete within 24 hours)**

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| --- | --- |
| Name: | Date of Birth: |
| Parent Name (if event occurred to minor): | Phone Number: |
| Address: | |
| Date, Time and Location of Incident: | |
| Description of Incident (please provide appropriate detail): | |
| What was individual doing prior to incident? | |
| Follow-up: | |
| Witness to Incident:  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Address Phone  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Address Phone | |

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Signature