**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 Phone2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Address Phone |

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 Signature