Troy Strawberry Festival INCIDENT REPORT

Injured Name Date of Incident Time

 \_\_\_\_\_\_\_\_

Injured Address and Phone Number

 Location: Levee ❒ Downtown ❒ Shuttle Site ❒

Location where accident occurred

Describe what happened:

Describe Injury:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medical Response

Was medical attention needed or provided?

First Aid Given: Yes ❒ No ❒ Ambulance Yes ❒ No ❒ 911 called? Yes ❒ No ❒

Witness Contact Information

Name Address Phone No.

Follow-up (if applicable):

Signature of TSF Manager/Volunteer Date