



# MARION COUNTY FAIR

## Incident Report Form

**Incident Victim:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Fair Guest

Concessionaire; Exhibitor

Performer

Volunteer

Employee

Other \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Specific Location-** grounds area, building, exhibit, ride, concession stand, etc.:

**Description of Incident** (additional space on reverse side):

**Action Taken (If applicable):**

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*Continue on reverse side*

**Witness(es):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Additional Information:**

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Status

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date