Midland Area Chamber of Commerce - Midland Area Farmers Market
Non-Employee Incident Report

Instructions: Complete report and forward to the Market Manager for all incidents of injury or property damage at the Midland Area Farmers Market.

Date of incident: ________________ Time of incident: ________________

Location of Incident: ____________________________________________
(include farmers market map if needed)

Name of person involved: ________________________________________

Address: ______________________________________________________
            Street       City       State       Zip

Home Phone: ________________ Cell Phone: ________________

If a minor, name of parent or guardian: ____________________________

Address: ______________________________________________________
            Street       City       State       Zip

Home Phone: ________________ Cell Phone: ________________

Description of Incident: ________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Description of injuries or property damage: _________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Was 911 called?: Yes: ____ No: _____ If yes, what time?: _________

Result: ________________________________________________________

G:\FARMERS MARKET\FORMS\Incident report
Was first aid administered?: Yes: ____  No: ____
If yes, by who?: _____________________________________________________________
Description of what was done: ________________________________________________

Were there any witnesses?: Yes: ____  No: ____
If yes, please complete the following:
1st witness Name: ___________________________________________________________
Address: _________________________________________________________________
   Street: __________________________________________________________________
   City: __________  State: __________  Zip: __________
Home Phone: __________  Cell Phone: __________
Witness Statement: __________________________________________________________

Witness Signature: _________________________________________________________
   Date: __________

2nd witness Name: __________________________________________________________
Address: _________________________________________________________________
   Street: __________________________________________________________________
   City: __________  State: __________  Zip: __________
Home Phone: __________  Cell Phone: __________
Witness Statement: __________________________________________________________

Witness Signature: _________________________________________________________
   Date: __________

Prepared By: _______________________________________________________________
Title: ___________________________________________________________________
   Date: __________