

**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: _____

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: _____

Updated: Sept 2013