

**Call for Help**

Keep the following phone numbers readily available on market days. They should be added to the incident report form before printing or sharing copies to use on market days.

**Emergency: 911**

**Local Law Enforcement:** \_\_\_\_\_

**Market Manager Cell:** \_\_\_\_\_

**Poison Control:** \_\_\_\_\_

**Market Security:** \_\_\_\_\_

**Market Insurance Provider:** \_\_\_\_\_

**Market Information**

**Market name & location:**

*Person completing incident report:*

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

**Telephone:** \_\_\_\_\_

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

**Market day(s) & hours:**

**Contact Information for People Involved:**

*Injured party*

*Witnesses:*

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

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

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

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

*Witnesses:*

*Witnesses:*

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

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

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

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

**Incident Details**

**Date & time:** \_\_\_\_\_

**Incident location:** \_\_\_\_\_

**Pictures taken? Y / N**

**Describe area if needed:** \_\_\_\_\_

*Emergency responders contacted:*

- |                                          |                                             |                                       |
|------------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> 911             | <input type="checkbox"/> Emergency contacts | <input type="checkbox"/> Landlord     |
| <input type="checkbox"/> Fire department | <input type="checkbox"/> Market personnel   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Police          | <input type="checkbox"/> Insurance company  | _____                                 |

**Description of incident & injuries:**

*For descriptions from witnesses, note which witness made the statement and indicate when when using direct quotations.*

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

**Market personnel involved:** \_\_\_\_\_

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

**Action taken by market personnel:** \_\_\_\_\_

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

**Medical attention requested and/or provided:** \_\_\_\_\_

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

**Property damage:** \_\_\_\_\_

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