Rowan County Citizen Incident Report

This report is to be used by any citizen involved in an accident or incident occurring on County property which required first-aid or hospital treatment, or resulted in the citizen complaining of discomfort.

Date of Incident: _____ Time: _____ AM/PM

Citizens Name: _____

Home (Cell) Telephone # _____

Street Address: _____

City, State, Zip: _____

Exact Location of Incident:

_____

_____

Describe Accident/Injury:_____

_____

Describe Vehicle / Property Involved:_____

_____

List All Witnesses Names & Phone numbers: _____

_____

Was First Aide Given? Yes _____ No_____   Type: _____

Was Medical emergency Treatment Given: Yes: _____ NO _____

Given By: Hospital / Doctor: _____

Date/Time: _____

Citizens Signature: _____ Date: _____

County Employee Signature: _____ Date: _____