

STARKE COUNTY INCIDENT REPORT FORM

(For Use to Report Accidents/Incidents Involving the Public)

Note: Submit this report to the Starke County Auditor's Office as soon as possible.

Name of the Injured Person _____

Address _____

Phone _____ DOB _____ Sex _____

Date of Accident _____ Time _____

Location of Incident _____

If the injured person is a child or under 21 years old, give parents name, address, and telephone.

Parent's Name _____

Address _____ Phone _____

Names/Address/Phone of other parties involved _____

State exact nature of injury _____

State in detail how accident occurred _____

Give name and address of Physician or Hospital Used _____

What was done with injured person and by whose orders? _____

Give names, addresses, phone numbers of three witnesses of accident (preferably an adult).

1. _____

2. _____

3. _____

If you have any questions, please contact the Starke County Auditor @ 574-772-9101.