

# 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.