INCIDENT REPORT

Pickens County

Person involved:_____

Address:_____City:_____State:_____

Home Phone_____Work Phone_____

Date & Time of incident:_____

Location of incident:_____

Please describe what happened:_____

_____

_____

_____

_____

_____

_____

_____

_____

Injuries sustained:_____

_____ _____

signature date

Witness:_____

Address:_____City:_____State:_____