CODSALL PARISH COUNCIL

Incident Report Form

NAME OF INVOLVED PERSON _____

Address _____

_____

Phone _____ **Age** _____ **Sex** _____

Date and time of Incident _____

Location _____

Was illness or injury involved (if yes, describe below)?

Description of incident (please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names and addresses of witnesses and narrative of what occurred)

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When completed please return to:
Mrs Maxine Baker, Parish Clerk, Codsall Parish Council Office, Station Road, Codsall, Staffordshire WV8 1BY.