

IDENTIFICATION

State of Florida Department of Health
Division of Public Health
1905 North West 22nd Avenue
Tallahassee, Florida 32310
(904) 438-2200

- 1. COUNTY NUMBER: 01 COUNTY NAME: Alachua
- 2. COUNTY SECTOR: _____
- 3. DISTRICT: _____
- 4. SUB-DISTRICT: _____

- 5. REPORT PERIOD: FROM DATE: 01/01/2010 TO DATE: 01/31/2010
- 6. REPORT TYPE: Annual Report (Select Report Type)
- 7. REPORT DATE: 01/31/2010 (Select Report Date)
- 8. REPORT BY: John Doe (Select Report By)
- 9. REPORT FOR: Alachua County (Select Report For)
- 10. REPORT TO: Health Department (Select Report To)
- 11. REPORT TYPE: Annual Report (Select Report Type)
- 12. REPORT DATE: 01/31/2010 (Select Report Date)
- 13. REPORT BY: John Doe (Select Report By)
- 14. REPORT FOR: Alachua County (Select Report For)
- 15. REPORT TO: Health Department (Select Report To)

REPORT APPROVED AND SENT BY: John Doe REPORT DATE: 01/31/2010

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10. **QUESTION** _____ **ANSWER** _____

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31. **QUESTION** _____ **ANSWER** _____

32. **QUESTION** _____ **ANSWER** _____

33. **QUESTION** _____ **ANSWER** _____



DESCRIPTION OF INCIDENT

DATE: 07/15/15
TIME: 11:00 AM
LOCATION: 3000 W. 12th Ave.
CITY: DENVER

PROPERTY DAMAGE: \$15000
PERSONAL INJURY: 1
PROPERTY TYPE: RESIDENTIAL
POLICE REPORT: YES
INSURANCE: YES

DESCRIPTION



NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

DATE _____

TIME _____

REPORTER _____

REPORTER TITLE _____

REPORTER PHONE _____

REPORTER FAX _____

