

FORM A
INCIDENT/INJURY REPORT

Complete this form for all incidents occurring on county property involving county employees or the public.

A	Name of employee completing this report _____ Phone () _____	
	Department _____	Job Title _____
	Date of Incident _____	Time of Incident _____
	Location of Incident _____	

B	Name of injured person _____ <input type="checkbox"/> County Emp. <input type="checkbox"/> Non-County Emp.	
	Home Address _____	Date of Birth _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	City/State/Zip _____ Phone () _____	
	* IF MULTIPLE INJURED PERSONS, PLEASE COMPLETE ADDITIONAL FORMS	

C	1) Describe the incident. Be specific. _____ _____ _____
	2) Name of person that incident was first reported to _____
	3) List witnesses. _____ Phone () _____ _____ Phone () _____ _____ Phone () _____ _____ Phone () _____
	4) If physical injury occurred, please describe type and location of injury. _____ _____ _____
	5) Where and when did you seek medical treatment? _____ _____
	6) Please list prior similar injuries. _____ _____

D	Employee Signature _____ Date _____
	Social Security # _____ - _____ - _____ Date of Hire _____
	Supervisor _____ Phone _____