

FORM C
MEDINA COUNTY INCIDENT FOLLOW-UP

To be completed by Supervisor or Manager

If Vehicle or Property Damage Complete Notice of Loss Form

Name of person completing this report _____ Phone () _____

Department _____ Job Title _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Name of Injured Person _____ County Emp. Non-County Emp.

1) Describe the incident. **Be specific.** _____

2) When were you notified of incident? _____

3) Witnesses to Incident _____ Phone () _____
_____ Phone () _____
_____ Phone () _____
_____ Phone () _____

4) If physical injury occurred, please describe type and location of injury. _____

5) Did anyone seek medical treatment? NO YES If yes, where and when _____

6) Follow-up procedures to occur: _____

Additional Comments: _____

Supervisor Signature _____ Date Completed _____