

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 _____ County Emp. Non-County Emp.
Home Address _____ Date of Birth _____ Sex: M 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 _____