## INCIDENT/INJURY REPORT

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

### A

<table>
<thead>
<tr>
<th>Name of employee completing this report</th>
<th>Phone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Job Title</td>
</tr>
<tr>
<td>Date of Incident</td>
<td>Time of Incident</td>
</tr>
<tr>
<td>Location of Incident</td>
<td></td>
</tr>
</tbody>
</table>

### B

<table>
<thead>
<tr>
<th>Name of injured person</th>
<th>County Emp.</th>
<th>Non-County Emp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Date of Birth</td>
<td>Sex: [ ] M [ ] F</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>Phone ( )</td>
<td></td>
</tr>
</tbody>
</table>

*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.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 ______________________

5/2014