

**ACCIDENT – INCIDENT REPORT**  
 (A COPY OF THIS REPORT IS NOT AUTHORIZATION FOR MEDICAL TREATMENT)

**For Employee use items 1,2,4,5,6,7 For Non-Employees use items 1,2,3,4,5,6,7**

<b>1. ACCIDENT</b>				
Date of Loss:		Time of Loss: AM                      PM		Location of Loss: (Be Specific)
<b>2. CLAIMANT (WORKER'S COMPENSATION CLAIMS –injury to County employee in course and scope of employment)</b>				
Name of Employee:		Age:	Occupation & Department:	Part of Body Injured: Type of Injury (i.e. cut, bruise, etc.)
Address:	City:	State:	Zip Code:	Phone Number: (    )
Does employee wish to seek medical attention: Today? <input type="checkbox"/> YES <input type="checkbox"/> NO A "NO" answer above does not waive the employee's right to request Medical attention at a later date.		If "YES" Designate Referral: (Name of Physician, Clinic, Hospital)		Will Employee require time off from work? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Date injury first reported:	Time injury first reported:	Return to work date:
<b>3. CLAIMANT (GENERAL LIABILITY CLAIMS – include Non-County employees and/or property not owned by the County)</b>				
Name of Claimant:		Age:	(a) Part of the body injured and type of injury, or (b) Damaged Property	
Address:	City:	State:	Zip Code:	Phone Number: (    )
<b>4. PROPERTY (County Owned)</b>				
Describe damaged or stolen property:				
			Estimated costs of damage or value of stolen property:	
<b>5. WITNESS(ES):</b>				
Name:	Address:	City & State:	Phone Number: (    )	
Name:	Address:	City & State:	Phone Number: (    )	
<b>6. DESCRIBE ACCIDENT (to be completed by claimant if at all possible)</b>				
DESCRIBE IN DETAIL THE EVENTS LEADING UP TO AND PRECEDING ACCIDENT If additional space is needed please use page 2.				
<b>7. Signatures</b>				
Name of Person Describing Accident				
Signature of Claimant:		Date:	Signature of Constitutional Officer/ Department Head: Date:	
Signature of Supervisor:		Date:	Signature of Safety Director:                      Date:	
<b>ATTACH ALL LAW ENFORCEMENT REPORTS RELATED TO THIS ACCIDENT/INCIDENT USE REVERSE SIDE OF THIS FORM FOR DIAGRAM OF ACCIDENT/INCIDENT</b>				

