



ACCIDENT / INCIDENT REPORT

NON-EMPLOYEE / PROPERTY DAMAGE

1. ACCIDENT				
Reporting Date:	Incident Date:	Time of Incident:	Department if Applicable:	Supervisor if Applicable:
Location: (Be Specific)			Who was Notified:	

Accident/incident resulted in: (Check all that apply)	Bodily Injury Near Miss	Medical Aid Recurrence	First Aid Other	Medical Transport Property Damage
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2. CLAIMANT				
Name: (Last Name First)	DOB:	Age:	M/F:	Drivers License / I.D.:
Address:	City:	State:	Zip:	Phone Number:
Does claimant wish to seek medical attention: TODAY? (Yes or No) A "NO" answer dose not waive the claimant's right to request Medical attention at a later date.			Today: Yes No	Was First Aid Requested: <div style="display: flex; justify-content: space-around;"> Yes No </div> Who Administered:

3. PROPERTY Involved in Incident (a) Land/(b) Equipment etc.		
(a) Identify Property: (Land I.D. or description of location)		
(b) Vehicle/ Equipment Description:	Year:	Make:
V.I.N. (Vehicle/Equipment purposes)		
Did Equipment Malfunction: Yes No	Describe Damaged or Stolen Property	Estimated Cost of Repair:

4. WITNESS(ES)				
Name of Witness: (Last Name First)	Age:	Drivers License /I.D.: (if available)	Department: (if county employed)	
Address:	City:	State:	Zip:	Phone Number:
Name of Witness: (Last Name First)	Age:	Drivers License /I.D.: (if available)	Department: (if county employed)	
Address:	City:	State:	Zip:	Phone Number:

5. DESCRIBE ACCIDENT (to be completed by claimant if at all possible)
DESCRIBE IN DETAIL THE EVENTS LEADING UP TO THE ACCIDENT (if additional space is needed please use pg. 2)

6. SIGNATURES			
Signature of Claimant:	Date:	Signature of County Investigator	Date:

7. DESCRIBE ACCIDENT COUNTINUED (to be completed by claimant if at all possible)

DESCRIBE IN DETAIL THE EVENTS LEADING UP TO THE ACCIDENT (continued)

**ATTACH ALL LAW ENFORCEMENT REPORTS RELATED TO THIS ACCIDENT/INCIDENT
USE BOTTOM PORTION OF THIS FORM FOR DIAGRAM OF ACCIDENT/INCIDENT**