

**TAYLOR COUNTY
ACCIDENT/INCIDENT REPORTING AND INVESTIGATION**

TO BE COMPLETED FOR NON-EMPLOYEE ACCIDENTS OR COUNTY
VEHICLE ACCIDENTS ONLY

Name of Person Involved in Incident/Accident/Injury _____

Home Address _____ Home Phone _____

_____ Work Phone _____

Date/Time of Accident/Incident/Injury _____ (am/pm)

Location of Accident/Incident/Injury (building/stairs/steps/sidewalk/street/road) _____

Description of Accident or Incident (use back of form for additional information) _____

Was Person Involved in Accident or Incident Injured? (Yes/No)

Injury Information (List cause of injury and Body part injured)

Injury Description (Check all that apply, if other explain)

____ scratch/bump/bruise/cut ____ first aid ____ medical treatment ____ chest pain
____ conscious ____ unconscious ____ trauma ____ other _____

Ambulance Called (Yes/No) Taken to Hospital (Yes/No) Hospital _____

County EMT Called (Yes/No) Taken by EMT (Yes/No) Hospital _____

Law Enforcement Contacted – [Vehicle Accidents] (Yes/No)

Were there any witnesses? (Yes/No)

ALL ACCIDENTS OR INCIDENTS WILL BE REPORTED
TO THE RISK MANAGER FOR INVESTIGATION

Witnesses (List names of witnesses and statements)

Name _____

Statement _____

Name _____

Statement _____

Name _____

Statement _____

Evidence (attach any photographs, drawings, police reports that may be available)

Name of Individual Completing Report Form _____

Date of Report _____ **Department** _____

Occupation _____

(TO BE COMPLETED BY RISK MANAGER)

Date/Time Received by Risk Manager _____

Results of Investigation

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