

AGENCY _____
DEPARTMENT _____
DIVISION _____
SECTION _____

Non-Auto Incident Report

Please: **PRINT** or **TYPE**

Risk Mgmt. File Number (Dept. use ONLY)

In case of serious accident, call 9-1-1 for FIRE, POLICE, & AMBULANCE services.

This form is NOT to be used for accidents involving County vehicles or drivers.

Person Involved (use separate forms if more than one person)

Last _____ First _____ M.I. _____ Date of Birth _____

Street (or P.O. Box) _____ City _____ State _____ Zip Code _____

Phone Number

(Include Area Code)

Home _____

Work _____

Other _____

Date/Time of Accident / Incident / Loss Date _____ Time _____ pm / am

Location of Accident / Incident / Loss _____

How Did This Accident / Incident / Loss Occur? _____

(If more space is necessary, attach additional page)

Describe Damage / Injury / Loss _____

(If more space is necessary, attach additional page)

Witnesses

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

Preparer's Information

Name (please print) _____ Title _____

Phone Number _____

Signature of preparer _____ DATE _____

Signature of Supervisor _____ DATE _____

Do NOT use this form to report injury to a County employee. Workers' Compensation forms must be used in those instances.

For general questions, call the Risk Management Office at 876-1073