

AGENCY \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
DIVISION \_\_\_\_\_  
SECTION \_\_\_\_\_

# Non-Auto Incident Report

\_\_\_\_\_  
Risk Mgmt. File Number (Dept. use ONLY)

Please: *PRINT* or *TYPE*

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 876-5251