

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, and 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 () () ()
Home Work Other

Date/Time of Accident / Incident / Loss (MM/DD/YYYY) 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