

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Please use the back of this form if more space is necessary)  
Describe Damage / Injury / Loss  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Please use the back of this form if more space is necessary)

### 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 \_\_\_\_\_

COPY TO: Workers' Comp. Mail Code: 58-600 (ONLY if County employee was injured)

For general questions, call the Risk Management Office at 876-5022 or 876-5023