

HURON COUNTY INCIDENT REPORT

Top portion of this form must be completed for all incidents/accidents

CHECK ALL THAT APPLY

| | | | | | |
|---|---|---|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> County Vehicle | <input type="checkbox"/> County Equipment | <input type="checkbox"/> County Real Estate | <input type="checkbox"/> Non-County Real Estate | | |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Illness | <input type="checkbox"/> Client | <input type="checkbox"/> Employee | <input type="checkbox"/> Visitor | <input type="checkbox"/> Other _____ |

DATE OF INCIDENT: ___/___/___ Time: ___:___ a.m./p.m. (circle) Sun Mon Tue Wed Thur Fri Sat

LOCATION/ADDRESS OF INCIDENT: _____

INJURIES? YES NO (if yes, complete below) WITNESS? YES NO (if yes, complete below)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

DESCRIBE INCIDENT _____

(if more space needed, use back of form)

DESCRIBE APPARENT INJURY AND/OR MEDICAL ATTENTION SOUGHT/GIVEN : _____

WHO WAS NOTIFIED OF THIS INCIDENT? (check all that apply)

STATE PATROL EMS SHERIFF POLICE SUPERVISOR _____
(list supervisor name)

VEHICLE ACCIDENT - ADDITIONAL INFORMATION NEEDED

LAW ENFORCEMENT MUST BE NOTIFIED FOR ANY VEHICLE ACCIDENT

VEHICLE (S) DAMAGED? NO YES COUNTY PRIVATE OTHER

INJURIES: DRIVER PASSENGER OTHER

LICENSE NUMBER OF OTHER VEHICLE (S): _____

OTHER DRIVER'S NAME, ADDRESS, PHONE: _____

ANY ACCIDENT OCCURRING DURING WORKING HOURS SHALL BE REPORTED TO THE IMMEDIATE SUPERVISOR AT ONCE. THE SUPERVISOR SHALL, IN TURN, NOTIFY THE APPOINTING AUTHORITY, WHO SHALL FORWARD A COPY OF THIS REPORT TO THE HURON COUNTY COMMISSIONERS OFFICE **WITHIN FIVE DAYS**.

REPORT SUBMITTED BY: _____ DEPARTMENT: _____ DATE: _____

