HURON COUNTY INCIDENT REPORT (attach add'tl sheets as needed)

(To be used for all accidents or incidents involving employees, citizens, or patrons.)

Please PRINT or TYPE

, , , ,	tizen; Patron; County Vehicle; County Equ	ipment: County Real Estate; Private
Real Estate; Injury; Illness	completed by employee unless physically	(unable)
	Time of Incident:	
Location of Incident:		
Name of Employee:	SSN # last four only xxx-xx	
Name of Employer or Department	::	
Name of Supervisor:		
Name	Best contac	t Information
Witnesses:Name		t Information
	including parts of the body (e.g. right elbo	
Describe treatment (e.g. Industria	l Health Clinic, Emergency Room, EMS, Fir	st Aid)
	(To be completed by Supervisor)	
	lent: By Whom:	
What could have prevented the in	icident?	
Did you investigate this incident?	Yes No:	

VEHICLE ACCIDENT – ADDITIONAL INFORMATION NEEDED Law Enforcement Must be Notified!

Vehicle Damaged: Yes No	County Private Other
Injuries: Driver Passenger Other	Seatbelt(s) worn?
Non-county vehicle license #, year, make, model:	
Non-county driver's name, address, phone #, driver's lie	cense #:
County vehicle license #, year, make, model:	
County driver's name, address, phone #, driver's license	e #:
Names of Injured Party(ies):	Names of Witness(es):
Name	Name
Address & Phone	Address & Phone
Name	Name
Address & Phone	Address & Phone
SUPERVISOR IMMEDIATELY. SUPERVISOR MUST, IN TURN, N FORWARDED TO THE DIRECTOR OF HUMAN RESOURCES AN The information I have provided either in my own writing of understand that providing false or misleading information relating to this claim if involving injury or illness may resu	NG WORKING HOURS MUST BE REPORTED TO THE EMPLOYEE'S NOTIFY THE APPOINTING AUTHORITY. THIS REPORT MUST BE ND LOSS PREVENTION WITHIN 24 HOURS OF THE INCIDENT. Or verbally for the purpose of this form is true and correct. I or omission of information on this report or any other form of the disciplinary action, up to and including termination of forms relating to this claim and submit it in a timely fashion
	a Workers' Compensation claim.
Signature of Employee:	
Signature of Supervisor:	Date:
Printed Name of Employee:	

Printed Name of Supervisor: _____