

GLENN COUNTY

INCIDENT REPORT

General: This report is to be completed for all accidents involving county equipment or the public when injured on county property or private property or damage to private property.

Department Head: Report all accidents to the Safety Officer immediately. Serious accidents should be reported by phone followed by a written report.

Name of Employee: Job Title:	County Department:
Private Citizen Accident: Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>	Property Damage: Vehicle <input type="checkbox"/> Other <input type="checkbox"/>
Name of Citizen Involved/Injured:	Insurance Carrier of Citizen:
Home Address of Citizen:	Phone Number of Citizen:
Witnesses:	Address and Phone Number:
Where Did Accident or Exposure Occur: (Address, City, and County)	Date and Time of Accident:
County Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	
What was the nature of the accident (attach separate sheet if needed):	
Signed:	Date:
Job Title:	Date:

Copies to:
Employee's File
Department Office
GSRMA

Dept. Safety Officers
Co. Safety Officer