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:	County Department:	
Job Title:		
Private Citizen Accident: Injury	Property Damage:	Vehicle \Box
Non-Injury 🗖		Other \Box
Name of Citizen Involved/Injured:	Insurance Carrier of Citize	en:
Home Address of Citizen:	Phone Number of Citizen:	
Witnesses:	Address and Phone Numb	per:
Where Did Accident or Exposure Occur: (Address, City, and County)	Date and Time of Acciden	t:
County Premises: Yes \square No \square		
What was the nature of the accident (attach separate sheet if needed):		
Signed:	Date:	
Job Title:		

Copies to:

Employee's File Department Office

GSRMA

Dept. Safety Officers Co. Safety Officer