

COUNTY OF GLENN

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 Personnel Department 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"/>	Property Damage: Vehicle <input type="checkbox"/>
Non-Injury <input type="checkbox"/>	Other <input type="checkbox"/>
Name of Citizen Involved/Injury	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 No

What was the Nature of the Accident (attach separate sheet if needed)

Signed	Date
Personnel Director	Date

White Copy to GSRMA
Yellow Copy Personnel
Pink Copy to Department Safety Officer
Goldenrod Copy to Employee