

# GLENN COUNTY

## INCIDENT REPORT

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