



## County Of Yolo Accident/Incident Report for Non-County Employees

**Instructions:** This form is to be completed by a County employee in the event there is an accident or incident involving a member of the public. This form need not be completed in the person's presence, but an effort should be made by the County employee to obtain all information requested below. If the person requires medical assistance, call 911 immediately. Should the individual inquire about payment for treatment for an injury, please direct him/her to Human Resources/Risk Management.

Name of Injured Person:

Full Address (street, city, state, zip):

Date and Time of Incident: \_\_\_\_\_ a.m. / p.m.

Address and Specific Location of Incident:

Did the person say she/he was injured?  YES  NO

If so, how? Attach additional sheets if necessary:

Additional sheet(s) attached

Did you observe any injuries to the person?  YES  NO

If so, what did you observe? Was the individual treated for injuries at the scene of the incident? Attach additional sheets if necessary:

Additional sheet(s) attached

Accident Details (describe the accident including the individual's actions both before and following the event). Attach additional sheets if necessary:

Additional sheet(s) attached

List the name(s) of County employees who you know are familiar with the incident, or who are familiar with the location at which the incident occurred. Attach additional sheets if necessary:

Additional sheet(s) attached

Were there any witnesses?  YES  NO

Witness Name:	Witness Phone #:	County Employee: <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------	------------------	---

Witness Name:	Witness Phone #:	County Employee: <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------	------------------	---

Print Name and Title of Person Completing this Report:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Original to Human Resources/Risk Management**