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:** ☐ **YES** ☐ **NO**
Witness Name:	**Witness Phone #:**	**County Employee:** ☐ **YES** ☐ **NO**

Printed Name and Title of Person Completing this Report:

Signature **DATE:**

Original to Human Resources/Risk Management