

MONROE COUNTY

For RISK MANAGEMENT only

REPORT OF INCIDENT

FAX IMMEDIATELY

RISK MANAGEMENT at 295-3179 (property damage or vehicle)
FAXED FROM: _____ NUMBER: _____

Employee injury
Notify workers comp

Vehicle Accident
Notify Risk Management

Other

WHO:	Name either employee or public	Phone:	JOB TITLE if employee
SUPERVISOR:			
DEPARTMENT:		Vehicle ID #	
WHAT: TYPE OF ACCIDENT			
WHERE: LOCATION OF ACCIDENT			
WHEN: DATE		AM/PM	
MO/ DAY/ YR		TIME	
WHY: DESCRIBE ACCIDENT			
DESCRIBE INJURY OR PROPERTY DAMAGE:			

MEDICAL ATTENTION REQUIRED: if yes report injury to Workers Comp also.
YES NO

If Personal Property Damage or Injury to the Public:

Name of Owner: _____

Address: _____

Phone #: _____

FILL OUT ACCIDENT INVESTIGATION REPORT AND NOTICE OF INJURY (if employee injury) AND SEND TO YOUR DEPARTMENT HEAD FOR COMMENTS AND SIGNATURES

CC: DEPARTMENT HEAD via FAX