

BEE COUNTY ACCIDENT/INCIDENT REPORT

Date of Incident _____ Time of Incident _____ Date of Report _____ Time of Report _____

Injured Person _____ DOB _____ SS# _____ Sex _____

No. of Dependent Children _____ Status _____ Marital Status _____ Spouse's Name _____

Nature of Injury _____ Part of Body Injured _____ Injured Phone# _____

Race _____ Ethnicity _____ Does Injured Speak English? _____ If not What Language _____

Mailing Address: _____

Work Site Location/Address where Injured _____ Did Employee Die? _____

Witnesses' _____

Witness Contact Information _____

Was Employee Doing His/her Job? _____ Did Injured go for Medical Treatment _____ If Yes What Date? _____

Supervisors Name _____ Date Reported to Supervisor _____

How & Why did the Incident/Accident Happen? _____

Hospital Injured went to _____ City _____

Physician's Name _____ City _____

Physician's Phone Number _____ Return to Work Date _____ Return Visit Required? _____

MOTOR VEHICLE ACCIDENT INFORMATION

County Vehicle: Make _____ Model _____ Year _____ Tag# _____ Driver's License # _____

Expires _____ Operators Name _____ Unit# _____ VIN# _____

Other Vehicle: Make _____ Mode _____ Year _____ Tag# _____ Driver's License # _____

Expires _____ Operators Name _____ VIN # _____ Insurance? _____

Insurance Co. _____ Wrecker Called _____ If Yes what Company? _____

Investigated? _____ City _____ County _____ State _____ Photos Taken _____ by Whom? _____

Damages: County Vehicle _____

Damages other Vehicle _____

Signature of injured/Employee _____ Date _____ Supervisor/Dept. Head _____ Date _____ Non-Employee _____ Date _____

Date Forwarded to Human Resources _____ Date Received by Human Resources _____

Date Forwarded to Auditor _____ Date Received by Auditor _____

Date Forwarded to Risk Mgt. _____ Date Received by Risk Mgt. _____

Original to H.R. for Workman's Comp. Original to Auditor if Non-Employee or Vehicle Accident Copy to Risk Mgt.