

HOUSTON COUNTY ACCIDENT / INCIDENT REPORT

PRELIMINARY INVESTIGATION

BACKGROUND INFORMATION:

Accident/Incident Occurred:	Date:	Time:	Day of Week Accident Happened:
Accident/Incident Reported:	Date:	Time:	___(M) ___(T) ___(W) ___(T)
Accident/Incident Investigation Began:	Date:	Time:	___(F) ___(Sa) ___(S)

WORKER'S COMP ONLY
 LIABILITY ONLY
 WORKER'S COMP & LIABILITY

Submit all claims for Sheriff & Jail to Steve Flemister. For all other Departments: Submit W/C Claims to Debby Hussey-Personnel and Liability Claims to Joan Clark - Admin.

EMPLOYEE INFORMATION

Name (Last, First, MI)	Job Title at time of Injury / Illness:
Home Address:	# Years in Job Position:
	Supv. At Time of Injury / Illness:
	Location at time of Injury/Illness:
Phone #:	Witness(es):
Date of Birth:	

NON-EMPLOYEE INFORMATION (CLAIMANT) Fill out if another party was involved in the Accident / Incident

Claimant Name: (Last, First, MI)	Address:
Phone Number:	

ACCIDENT / INCIDENT LEVEL

A. No Injury <input type="checkbox"/> At Risk Behavior <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage	B. Injury <input type="checkbox"/> Record Only <input type="checkbox"/> First Aid By Employer <input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Lost Time <input type="checkbox"/> Fatality <input type="checkbox"/> Other
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Description of Injury or Illness, Part of body Affected and Treatment Received: (Check if Drug Test Only)

Doctor / Hospital name and Address:

Description of Accident / Incident:

Corrective Actions taken to prevent recurrence:

Also complete the reverse side (or page 2) if the accident involves a motorized vehicle

Employee's Signature: _____

Person Completing Form: _____

Contact Phone #: _____

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Complete this form if the accident/incident is related to a motorized vehicle.

COUNTY VEHICLE:

Driver:	
Address:	
Telephone:	
Driver's License:	
Date of Birth:	
Owner of Vehicle:	
Make, Model, & Year of Vehicle:	
Tag Number:	
County Vehicle ID#:	

OTHER VEHICLE:

Driver:	
Address:	
Telephone:	
Driver's License:	
Date of Birth:	
Owner of Vehicle:	
Make, Model, & Year of Vehicle:	
Tag Number:	

LOCATION OF ACCIDENT / INCIDENT:

DESCRIPTION OF ACCIDENT:

Witness(es)

Name:	Name:
Address:	Address:
Phone #:	Phone #:

Person Completing Form: _____

Phone #: _____