Visitor, Volunteer, or other Non-Employee

Incident Report Form

Facility Where Incident Occurred

Name of Facility:_____Address:_____

Injured Person

Name:_____Address:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

If a minor, please provide Parent or Guardian Name:_____ Phone:_____

If more than one party involved, please attach additional sheets.

Incident Details

Date of incident:_____ Time:_____ ○ AM ○ PM

Specific Location: (e.g., floor, room, area, etc):_____

Weather conditions:_____

Type of incident (circle one) ○ Trip & Fall ○ Slip & Fall ○ Fall ○ From Height ○ Crime ○ Other_____

Description of incident:_____

_____

_____

Description of Property Damage or Injury:_____

_____

_____

Photos Taken: ○ Yes (attach) ○ No (explain why not _____)

Witnesses: ○ Yes ○ No (if yes, list below, attach additional sheets if necessary)

Name(1):_____Address:_____

Phone:_____ If County Employee, Department:_____

Name(2):_____Address:_____

Phone:_____ If County Employee, Department:_____

Medical Attention Provided, if Any

Professional Medical Attention Offered or Requested: ○ Yes ○ No Explain:_____

First Aid Measures Applied: ○ Yes ○ No if Yes, by whom:_____

Ambulance ○ Yes ○ No Hospital:_____

Reporting Information

Above completed by:_____Phone:_____ Date:_____Dept:_____

Immediately send to County Attorney, fax 761-6377 or email turcottea@warrencountyny.gov and copy Self-Insurance, fax 761-6249 or email warrencountyinsurance@warrencountyny.gov .