

**WASHINGTON COUNTY
INCIDENT REPORT
CONFIDENTIAL/WORK PRODUCT PRIVILEGED
TO BE COMPLETED AT TIME OF INCIDENT**

TO BE COMPLETED BY REPORTING PARTY:

If reporting party is a minor, to be completed by parent or guardian:

Name: _____ **Date of report:** _____

Address: _____

Telephone number: _____ **Alternate number:** _____

Full Vin # _____ **Make** _____ **Year** _____

Location of incident (identify as specifically as possible by city, address intersection, landmark, other point of reference): _____

Description of incident: _____

Were there any injuries and/or property damage as a result of the incident? Explain:

Were there any witnesses? _____ yes _____ no. If yes, list name(s), address(es), telephone number(s), and date(s) of birth below:

Signature: _____

Date: _____

If a minor, parent/guardian' signature: _____

TO BE COMPLETED BY WITNESSES:

Name: _____ **Date of incident:** _____

Address: _____

Telephone number: _____ **Alternate number:** _____

Location of incident (identify by city, address intersection, landmark, other point of reference): _____

Description of incident: _____

Were there any injuries and/or property damage as a result of the incident?

Explain: _____

Were there any witnesses? ___ yes ___ no. If yes, list name(s), address(es), telephone number(s), and date(s) of birth below: _____

Signature: _____

Date: _____

Date Reported to Department _____

Date Reported to Insurance Agent _____

Date Response Received from Department _____

BOCC Administration Signature _____ **Date** _____

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To Be Completed By county Department Supervisor

Date corrective Action Taken _____

Describe Corrective Action Taken _____

Department Supervisor Signature _____ **Date** _____