

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

TO BE COMPLETED BY EMPLOYEE:

Complete all information. For each item which does not apply, write N/A.

Employee's name: _____ **Date:** _____

Employee's office address: _____

Employee's office telephone number: _____

Time/Date of incident: _____

Time/date incident was reported to employee: _____

Reporting party's contact information:

Name: _____

Address: _____

Telephone number: _____

E-mail: _____

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

Type of incident (check one):

Fall: _____

Automobile Accident: _____

Property damage: _____

Theft/Vandalism: _____

Other (describe): _____

Condition of premises at time of incident (if applicable): _____

Weather condition on date of incident (check one):

Sunny: _____

Cloudy: _____

Raining: _____

Snow/Ice: _____

Hail: _____

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Employee's description of incident (facts only): _____

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

Was any employee action required? If so, what action was taken? _____

Did employee witness incident? _____ Yes _____ No

Were photographs taken? _____ Yes _____ no. **If yes, attach photographs to this report.**
Who took the photographs (include name, address, and telephone number)? _____

Were there any other witnesses? _____ **Yes**
_____ **No.**

If yes, list name(s), address (es), telephone number(s), and date(s) of birth below:

When was incident scene last inspected and/or repaired prior to this date? _____

Employee's signature: _____

Date: _____

Supervisor's signature: _____

Date: _____

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 references): _____

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: _____