

Kent



County

INCIDENT REPORT

(for reporting all incidents)

Name of Person(s) Involved _____

Address & telephone number _____

Name of Employee reporting the Incident _____

Date of Incident: _____ Time of Incident: _____

If Auto Accident, Make, Model & Tag #: _____ Other vehicle info: _____

Location of Incident: _____

Description of Incident: _____

Witness (es) to Incident (Name, Address, Phone): _____

Information regarding other person involved (if any): _____

Other person's insurance information? _____

How was County notified? _____

Police contacted? Yes _____ No _____ Agency _____

Additional important details of incident: _____

Name of physician/facility consulted for initial medical treatment, if any: _____

DATE OF REPORT _____ EMPLOYEE SIGNATURE _____

DEPARTMENT HEAD SIGNATURE: _____ DATE _____

Please complete this form within 24 hours of accident and submit to Kent County Personnel Office.