

INCIDENT REPORT

Date of Accident _____ Department _____

Name of Injured Party _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Time of Occurrence _____ AM _____ PM

Describe in Detail How Accident Occurred:

Extent of Injury _____

Name(s) of Witness(es) _____

Location Where Accident Occurred _____

Address _____

Was Ambulance Dispatched _____ Yes _____ No

Refused to Have Ambulance Called _____, _____

Signature of Injured Party

Date

Employee _____ Phone # _____

Date of Report _____

(Please E-mail Report to Nicholle Felshaw cc: Sarah Lloyd: nicholle.felshaw@washco.utah.gov; sarah.lloyd@washco.utah.gov)