

Genesee County

INCIDENT REPORT FORM-NON-WORKERS COMPENSATION

THE FOLLOWING INFORMATION SHOULD BE COMPLETED BY AN EMPLOYEE, FOR ANY INCIDENT OCCURRING ON COUNTY PROPERTY OR FROM COUNTY OPERATIONS THAT MAY RESULT IN PROPERTY DAMAGE OR BODILY INJURY CLAIMS.

WORKERS COMPENSATION CLAIMS SHOULD BE REPORTED ON THE WC ACCIDENT/INJURY FORM.

AUTO LIABILITY OR AUTO PHYSICAL DAMAGE SHOULD BE REPORTED ON THE MOTOR VEHICLE ACCIDENT REPORT FORM.

INTERNAL DOCUMENT ONLY

PLEASE PRINT ALL INFORMATION

TYPE OF CLAIM: \_\_\_\_\_ BODILY INJURY \_\_\_\_\_ PROPERTY DAMAGE [NON-AUTO] \_\_\_\_\_ OTHER \_\_\_\_\_  
DESCRIBE OTHER \_\_\_\_\_

DATE OF CLAIM INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ AM PM DATE OF REPORT \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ SPECIFIC LOCATION \_\_\_\_\_  
ADDRESS OF LOCATION \_\_\_\_\_  
REPORTED BY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CLAIMANT IDENTIFICATION: BODILY INJURY: \_\_\_\_\_ INCIDENT \_\_\_\_\_ MINOR INJURY \_\_\_\_\_ MAJOR INJURY \_\_\_\_\_  
NAME: \_\_\_\_\_ AGE [ESTIMATE OK] \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

NOTIFY RISK MANAGEMENT IF FATALITY 810-257-2628 FAX 810-257-3502

DESCRIBE HOW INJURY/DAMAGE OCCURRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES: NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

POLICE REPORT TAKEN: \_\_\_\_\_ JURISDICTION \_\_\_\_\_ REPT. # \_\_\_\_\_  
PARAMEDICS/AMBULANCE CALLED \_\_\_\_\_ CLAIMANT TRANSPORTED \_\_\_\_\_  
TRANSPORT TO: [IF KNOWN] \_\_\_\_\_

FOR RISK MANAGEMENT USE ONLY

DATE RECEIVED \_\_\_\_\_ REC'D BY \_\_\_\_\_  
INCIDENT: \_\_\_\_\_ CLAIM EXPECTED \_\_\_\_\_ LAWSUIT POTENTIAL \_\_\_\_\_  
CORPORATION COUNSEL NOTIFIED: \_\_\_\_\_ COUNSEL \_\_\_\_\_  
SUBMITTED TO THIRD PARTY ADMINISTRATOR \_\_\_\_\_  
OTHER NOTIFICATION AS NEEDED: \_\_\_\_\_  
OTHER \_\_\_\_\_

**Genesee County**

**INCIDENT REPORT FORM-NON-WORKERS COMPENSATION**

**PRELIMINARY INVESTIGATION:**  
PLEASE EVALUATE THE CONDITIONS THAT MAY HAVE CONTRIBUTED TO THIS INCIDENT. IF THERE ARE CONDITIONS THAT NEED CORRECTION, PLEASE ADVISE. REQUESTS WILL BE FORWARD TO THE APPROPRIATE ENTITY FOR CORRECTIVE ACTION.

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**ADD ADDITIONAL SHEETS AS NEEDED...**

**EVALUATION OF CLAIMANT RESPONSIBILITY IN INCIDENT:** PLEASE EVALUATE ANY CONTRIBUTORY ACTIONS BY THE CLAIMANT THAT MAY HAVE CONTRIBUTED TO THE INCIDENT. FOR EXAMPLE, IF AN AREA WAS MARKED AS CONSTRUCTION OR 'DO NOT ENTER' , DID THE PERSON GO INTO THE AREA INSPITE OF THE WARNING. BE SPECIFIC. **TAKE PHOTOS OF THE AREA IF POSSIBLE. THESE SHOULD BE TAKEN AFTER THE PERSON HAS DEPARTED THE AREA. CONTACT THE RISK MANAGER [810-257-2628 ] FOR SERIOUS INJURIES OR FATALITY.**

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**ADD ADDITIONAL SHEETS AS NEEDED...**

**IF WITNESS STATEMENTS ARE OBTAINED, PLEASE INDICATE BASIC NOTES. INCLUDE FULL INFORMATION ON ADDITIONAL SHEETS.**

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