

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 IMMEDIATELY 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 _____

