



INCIDENT REPORTING FORM

Do not use this form to report an employee injury or illness.
Review Instructions Printed on the Reverse Side

FOR OFFICE USE
ONLY

INCIDENT

a) PERSON REPORTING: _____ PHONE NUMBER: _____
Print Legibly

b) DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

c) LOCATION OF INCIDENT: _____

d) LOSS OR DAMAGE OF COUNTY PROPERTY:
 Property Damage Property Theft Other _____

e) NON-EMPLOYEE PROPERTY LOSS, DAMAGE, OR INJURY SUSTAINED:
 Bodily Injury or Near-Miss Bodily Injury Property Loss/Damage Other _____

f) THREAT MADE AGAINST EMPLOYEE: WHO MADE THE THREAT: _____

g) IF NON-EMPLOYEE SUSAINED DAMAGE PLEASE PROVIDE CONTACT INFORMATION: (IF AVAILABLE)
NAME: _____
Last First MI
MAILING ADDRESS: _____
Street and/or PO Box Apt # City State Zip
PHONE: (include Area Code) _____
Home Work

h) DESCRIBE THE EVENTS LEADING TO THE INCIDENT AND ACTIONS TAKEN: _____

i) IF NON-EMPLOYEE INJURED DESCRIBE THE INJURY AND TYPE OF MEDICAL TREATMENT REQUIRED:

j) ITEMIZE DAMAGES AND ESTIMATE VALUE (Property Loss/Damage Only):
Description of loss / damage: _____ Estimated Value
\$ _____
\$ _____
\$ _____
\$ _____
TOTAL: \$ _____

k) LIST WITNESSES: (CO-WORKERS AND/OR PRIVATE CITIZENS)

NAME	ADDRESS	PHONE	COUNTY EMPLOYEE?

l) DEPARTMENT INVOLVED: _____ REPORT DATE: _____

m) REVIEWED BY DIRECTOR/SUPERVISOR: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS FOR REPORTING

1. **Be sure you are using the correct form.** This form is used to report damage to county property **OR** damage to a non-employee's property sustained on county property or at a county work site **OR** injury sustained by a non-employee on county property or at county work site **OR** workplace violence incidents.

DO NOT use this form for employee accidents in which **ONLY** an employee was injured (use Mason County Employee Injury/Illness Report).
2. Be as complete in your description of what happened as possible. This form is designed to capture the basic information necessary to assess the seriousness of the incident and value any loss that may have occurred.
3. Form instructions:
 - a) **PERSON REPORTING:** Print name and phone number to be reached at on the lines provided.
 - b) **DATE AND TIME OF INCIDENT:** Enter the date the loss, damage or injury occurred. If loss was sustained over a period of time, show the beginning and ending date of the event(s) causing the loss. **TIME OF INCIDENT:** Show the time the incident causing the loss occurred.
 - c) **LOCATION OF INCIDENT:** Be specific. If on a road include distance from milepost, intersection, etc. If on other property, include the street address and if part of an office complex, the building name or number. Include as much detail regarding the location as you as we may need to inspect the property at the location of the accident. Attach diagram when appropriate.
 - d) **LOSS OR DAMAGE OF COUNTY PROPERTY:** Check if this applies and check the type(s) of loss as listed in the next line. 1 and 2 may be checked if they both apply
 - e) **NON-EMPLOYEE PROPERTY LOSS, DAMAGE, or INJURY SUSTAINED:** Check if this applies and check the type(s) of loss as listed in the next line. 1 and 2 may be checked if they both apply.
 - f) **THREAT MADE AGAINST EMPLOYEE:** Please report the name of the person making the threat.
 - g) **IF A NON-EMPLOYEE INFORMATION SUSTAINED DAMAGE PLEASE PROVIDE CONTACT INFORMATION (IF AVAILABLE):** Fill out this information if **PROPERTY LOSS, DAMAGE, or INJURY WAS SUSTAINED BY NON-EMPLOYEE** was checked.
 - h) **DESCRIBE THE EVENT (S) LEADING TO THE INCIDENT AND ACTION TAKEN:** This should be a detailed account of the event or events which led to, or nearly led to, damage, injury or loss and includes statements made by all persons involved, actions, events, environmental conditions, property condition, etc.
 - i) **IF NON-EMPLOYEE IS INJURED DESCRIBE THE INJURY AND TYPE OF MEDICAL TREATMENT REQUIRED:** If an injury, describe the injury and any first aid performed or other medical treatment received by the patient of which you are aware. Identify the person(s) who rendered assistance. Attach additional sheets if necessary and photos if available.
 - j) **ITEMIZE DAMAGES AND ESTIMATE VALUE:** Itemize property damage/loss and estimate the value to the right. Attach additional sheets if necessary.
 - k) **LIST WITNESSES:** List the name, address, and phone number of any witnesses to the incident. Enter 'yes' or a checkmark in the last column if the witness is a county employee.
 - l) **DEPARTMENT INVOLVED:** Indicate the department or office for which you are making this report and the **REPORT DATE.**
 - m) **REVIEWED BY:** Name and phone number of supervisor who reviewed the incident report.
4. **Send the report to Risk Management, Nichole Wilston 411 N 5th Street, Shelton, WA 98584.**
5. If you have questions or need further assistance, call Nichole, Risk Manager at (360) 427-9670 x643. Office hours are 8:00am to 5:00pm Monday - Friday.

DISTRIBUTION: Original – Risk Management
1 Copy – Supervisor
1 Copy – Department Director / Elected Official (optional per Dept. /Office policy)
1 Copy – Risk Pool (if necessary)