

INCIDENT FORM

CONTACT 9-1-1 FOR MEDICAL ATTENTION

PERSON(S) PROVIDING INFORMATION: _____
(to be completed by County Employee)

PERSON(S) INVOLVED IN THE INCIDENT (Name and address): _____

LOCATION: _____

DATE: _____ DAY OF WEEK _____ TIME: _____ am/pm

WEATHER CONDITIONS: _____

DESCRIPTION OF INCIDENT: _____

DESCRIPTION OF INJURY AND/OR PROPERTY DAMAGED: _____

WITNESSED BY: _____

ADDITIONAL COMMENTS: _____

REPORTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

COPIED AND FAXED TO MID-IOWA INSURANCE (712)464-7929 DATE: _____

COPY TO THE AUDITOR'S OFFICE DATE: _____

ORIGINAL TO SAFETY OFFICER (SHELLY TEAGUE OR MIKE MOELLER) DATE: _____

CHECK VIDEO – CALL SHERIFF'S OFFICE TO CHECK VIDEO. ASK FOR COPY _____