

**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 (DEWEY SNYDER OR MIKE MOELLER) DATE: \_\_\_\_\_

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