

# INCIDENT REPORT

**Guidelines:** This report shall be completed by the person in charge at the time the incident occurred or was discovered. Information is to be recorded immediately and the form forwarded to Risk Management.

1. Name(s), Address(s), Telephone No.(s), Age(s) of Person(s)  
Involved:

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2. Date & Time of Incident: \_\_\_\_\_

3. Weather Conditions \_\_\_\_\_

4. Specific Location: \_\_\_\_\_

5. Describe Incident in Detail \_\_\_\_\_

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6. What corrective measures or assistance (if any) did County Employees take:

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7. Witnesses (Names and Addresses):

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Reported By: \_\_\_\_\_

(Signature and Department)

(DATE)

Exhibit 2