



BULLOCH COUNTY BOARD OF COMMISSIONERS ACCIDENT/INCIDENT REPORT FORM

Date of Accident / Incident _____ Time ☐ AM ☐ PM

Name of employee(s) involved _____ Department _____

Where did accident / damage occur? (Address/Location) _____

If an auto accident, name/driver's license # of employee driver _____

If County vehicle or equipment involved, Year, Make, Model, VIN _____

Details (What happened?) _____

Witness Name/Phone (Use additional sheet if needed) _____

Reported to _____ Report/Accident # _____

Damage to property (vehicles, equipment, other) owned by Bulloch County, if any:

What property was damaged? (If vehicle provide VIN or vehicle ID #) _____

Describe damage _____

Estimated cost, if known _____

Damage to property (vehicles, equipment, other) owned by another person/organization, if any:

What property was damaged? _____

Describe damage _____

Property owner's name _____

Property owner's address _____

Injury/Illness, to non-employees, if any: (For injured employees, complete "First Report of Injury Form")

Name _____

Address _____

Phone _____ Email _____

Injured Person is: ☐ Participant ☐ Volunteer ☐ Member of Public ☐ Other

Details of injury _____

Action: ☐ No Treatment ☐ First Aid ☐ Ambulance Called ☐ Taken to Hospital ☐ Notified Parent/Guardian

Name Person Completing This Form _____

Signature _____ Date _____

NOTE: Attach photos of vehicle/property damage