



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 and VIN#: _____

Details (What happened?)

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

Reported to: BCSO SPD GSP OTHER: _____ 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: _____

Estimate 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: (If 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 of Person Completing this Form: _____

Signature: _____ Date: _____