

BEE COUNTY
ACCIDENT / INCIDENT REPORT

Date/Time _____
Date and time reported

Reported to: _____
To Whom was Incident Reported

Employee: _____

Department: _____

Type of Incident: _____
Motor Vehicle, Fire, Slip, Trip, Fall, Sting, Fracture, Heat Illness, etc.

Type of Injury: _____
Strain, Contusion, Fracture, laceration, Burn, etc.

Location: _____
Hwy, road, street, building, stairs, etc. Use a physical address if possible

Date and time of incident _____

Medical Treatment required: Yes _____ No _____ Ambulance called? _____

Brief Description of Incident: _____

Motor Vehicle Accident Information

County Vehicle: Make: _____ Model: _____ Year: _____ License #: _____

Operator's Name: _____ Unit #: _____

Driver's License #: _____ Expires: _____ Vin #: _____

Other Vehicle: Make: _____ Model: _____ Year: _____ License #: _____

Operator's Name: _____ Vehicle Owner's Name: _____

Driver's License #: _____ Expires: _____ Vin #: _____

Insurance: Yes _____ No _____ Company Name: _____

Investigated: Yes _____ No _____ City: _____ County: _____ State: _____

Was wrecker called: Yes _____ No _____ If yes, what company: _____

Were photographs taken: Yes _____ No _____ By Whom: _____

DAMAGES: _____

County Vehicle: _____

Other Vehicle: _____

Driver Signature

Supervisor Signature

ORIGINAL TO COUNTY AUDITOR; COPY TO RISK MANAGER AND SUPERVISOR