

**BEE COUNTY  
NON-EMPLOYEE ACCIDENT/INCIDENT REPORT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_  
Provide exact location (steps in front of building, sidewalk on west side, room#, etc)

Full Description of what occurred: \_\_\_\_\_

Type of Accident/Incident: \_\_\_\_\_  
Slip, trip, fall, object fell, burn, exposure to chemicals, equipment, etc.

Name of Person involved: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address (include suite or room) City State Zip Code

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Type of Injury: \_\_\_\_\_  
Be Specific ( Burn to right hand, Fracture of left arm, laceration of scalp, etc)

Medical Treatment Required? Yes \_\_\_\_\_ No \_\_\_\_\_ Ambulance: \_\_\_\_\_

Taken to: \_\_\_\_\_ Transferred to: \_\_\_\_\_

Witnesses:

_____	_____	_____
Name	Address	Phone number
_____	_____	_____
Name	Address	Phone number
_____	_____	_____
Name	Address	Phone number
_____	_____	_____
Name	Address	Phone number

Statements Taken: Yes \_\_\_\_\_ No \_\_\_\_\_ Photographs taken: Yes \_\_\_\_\_ No \_\_\_\_\_