

**WASHINGTON COUNTY  
WORKER COMP/ INCIDENT REPORT  
CONFIDENTIAL/WORK PRODUCT PRIVILEGED  
TO BE COMPLETED AT TIME OF INCIDENT**

**TO BE COMPLETED BY EMPLOYEE:**

*Complete all information. For each item which does not apply, write N/A.*

Employee's name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's office address: \_\_\_\_\_

Employee's office telephone number: \_\_\_\_\_

Time/Date of incident: \_\_\_\_\_

Time/date incident was reported to employee: \_\_\_\_\_

Reporting party's contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location of incident (identify by city, address, intersection, landmark, other point of reference): \_\_\_\_\_

Type of incident (check one):

Fall: \_\_\_\_\_

Automobile Accident: \_\_\_\_\_

Property damage: \_\_\_\_\_

Theft/Vandalism: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Condition of premises at time of incident (if applicable): \_\_\_\_\_

Weather condition on date of incident (check one):

Sunny: \_\_\_\_\_

Cloudy: \_\_\_\_\_

Raining: \_\_\_\_\_

Snow/Ice: \_\_\_\_\_

Hail: \_\_\_\_\_

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**Employee's description of incident (facts only):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Were there any physical injuries or property damage as a result of the incident? Explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Was any employee action required? If so, what action was taken?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did employee witness incident? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Were photographs taken? \_\_\_\_\_ Yes \_\_\_ no. If yes, attach photographs to this report.  
Who took the photographs (include name, address, and telephone number)? \_\_\_\_\_**  
\_\_\_\_\_

**Were there any other witnesses? \_\_\_\_\_ Yes  
\_\_\_\_\_ No.**

**If yes, list name(s), address (es),  
telephone number(s), and date(s) of birth below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When was incident scene last inspected and/or repaired prior to this date?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY WITNESSES:**

**Name:** \_\_\_\_\_ **Date of incident:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Alternate number:** \_\_\_\_\_

**Location of incident (identify by city, address intersection, landmark, other point of references):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were there any injuries and/or property damage as a result of the incident? Explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were there any witnesses? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, list name(s), address(es), telephone number(s), and date(s) of birth below:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_