



**COUNTY OF ALAMEDA  
INCIDENT REPORT FORM  
(FORM 430300-2)**

**TO BE COMPLETED IMMEDIATELY OR AT THE EARLIEST OPPORTUNITY.**

The County employee who witnesses or is directly involved in an incident (workplace safety, trips, slips or falls, **not** a vehicle accident or incident) should complete this form. Attach any photos or diagrams. The incident report form and any attachments should immediately be emailed to [VAR\\_IRF@acgov.org](mailto:VAR_IRF@acgov.org) or sent by QIC to 28505.

For vehicle accidents or vehicle incidents, complete Form 430300-1.

**(Attach additional sheet if necessary)**

<b>DATE OF INCIDENT</b>		<b>DAY OF WEEK</b>		<b>TIME OF INCIDENT</b>		
<b>LOCATION OF INCIDENT</b>						
<b>BODILY INJURY INFORMATION</b>	<b>(1) Name of Injured:</b>			Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
	Address:					
	Nature of Injury (Specify Injured Part(s) of the Body):			First Aid Procedures Used and by Whom:		
	<b>(2) Name of Injured:</b>			Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
	Address:					
	Nature of Injury (Specify Injured Part(s) of the Body):			First Aid Procedures Used and by Whom:		
<b>PROPERTY DAMAGE INFORMATION</b>	What was damaged?			Where can damaged property be seen?		
	Describe in detail the property damages:					
	Who is the Owner?		Owner's Address:		Owner's Phone #:	
<b>PHOTOGRAPHS</b>						
Were there any taken? <input type="checkbox"/> Yes <input type="checkbox"/> No →    If "YES" By Whom? Phone #:						
<b>IF THERE WERE ANY WITNESSES, PLEASE PROVIDE THE FOLLOWING INFORMATION</b>						
(1) Witness Name:		Address:		Work Phone: Home Phone:		
(2) Witness Name:		Address:		Work Phone: Home Phone:		
(3) Witness Name:		Address:		Work Phone: Home Phone:		

<b>DESCRIBE IN DETAIL THE INCIDENT:</b>	
<b>HOW COULD THIS INCIDENT HAVE BEEN PREVENTED?</b>	
<b>ADDITIONAL REMARKS:</b>	
<b>REPORTING EMPLOYEE'S NAME, TITLE: (Print or Type Below)</b>	<b>Phone #:</b>
<b>EE's Signature</b> _____ <b>Date:</b> _____	
<b>REPORTING EMPLOYEE'S SUPERVISOR'S NAME, TITLE (Print or Type Below)</b>	<b>Phone #:</b>
<b>Supervisor's Signature</b> _____ <b>Date:</b> _____	