

**HOUSTON COUNTY ACCIDENT / INCIDENT REPORT**  
**PRELIMINARY INVESTIGATION**

<b>BACKGROUND INFORMATION:</b>			
Accident/Incident Occurred:	Date:	Time:	Day of the Week Accident Happened:
Accident /Incident Reported:	Date:	Time:	___(M) ___(T) ___(W) ___(T)
Accident/Incident Investigation Began:	Date:	Time:	___(F) ___(Sa) ___(S)

\_\_\_ WORKER'S COMP ONLY      \_\_\_ LIABILITY ONLY      \_\_\_ WORKER'S COMP & LIABILITY

<b>EMPLOYEE INFORMATION</b>	
Name (Last, First, MI)	Job Title at time of Injury / Illness:
	# Years in Job Position:
Home Address:	Supv. at Time of Injury / Illness:
	Location at time of Injury/Illness:
Phone #:	Witness(es):
Date of Birth:	

<b>NON-EMPLOYEE INFORMATION (CLAIMANT) Fill out if another party was involved in the Accident / Incident</b>	
Claimant Name: (Last, First, MI)	Address:
Phone Number:	

<b>ACCIDENT / INCIDENT LEVEL</b>		
<b>A. No Injury</b>	<b>B. Injury</b>	
___ At Risk Behavior	___ Record Only	___ Lost Time
___ Near Miss	___ First Aid by Employer	___ Fatality
___ Property Damage	___ Medical Treatment	___ Other
<b>Description of Injury or Illness, Part of Body Affected and Treatment Received: ( Check if Drug Test Only <input type="checkbox"/> )</b>		
<b>Doctor / Hospital Name and Address:</b>		
<b>Description of Accident / Incident:</b>		
<b>Corrective Actions taken to prevent recurrence:</b>		

**Also complete the reverse side (or page 2) if the accident involves a motorized vehicle**

Employee's Signature: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

# HOUSTON COUNTY ACCIDENT / INCIDENT REPORT

Complete this form if the accident/incident is related to a motorized vehicle.

COUNTY VEHICLE:	
Driver:	
Address:	
Telephone:	
Driver's License:	
Date of Birth:	
Owner of Vehicle:	
Make, Model, & Year of Vehicle:	
Tag Number:	
County Vehicle ID#:	

OTHER VEHICLE:	
Driver:	
Address:	
Telephone:	
Driver's License:	
Date of Birth:	
Owner of Vehicle:	
Make, Model, & Year of Vehicle:	
Tag Number:	

LOCATION OF ACCIDENT / INCIDENT:

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DESCRIPTION OF ACCIDENT:

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Witness(es)	
Name:	Name:
Address:	Address:
Phone #:	Phone #:

Person Completing Form: \_\_\_\_\_ Phone # \_\_\_\_\_