



CITIZEN INCIDENT REPORT

General Information:

Citizen Name (if involved):	Employee Name (if involved):
Citizen Contact Info:	Time of Incident: : <input type="checkbox"/> AM <input type="checkbox"/> PM
Date of Incident: / /	Incident Reported To:
Location of Incident:	Date/Time Reported: / /
	17:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Date of Investigation: / /	Completed By:

Description of Incident:

Please include factors that contributed to the incident, the incident, any injuries involved, and what took place after the incident. Please be as detailed as possible. Include photos when appropriate.

Investigation:

Could an employee have prevented the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Was there defective or malfunctioning equipment involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (please save scene of incident for possible further investigation):

Damages: (Please check all that apply and describe and complete required forms as appropriate)

<input type="checkbox"/> County Vehicle	If yes, describe:
<input type="checkbox"/> County Property	If yes, describe:
<input type="checkbox"/> Other County Employees	If yes, describe:
<input type="checkbox"/> Other vehicles	If yes, describe:
<input type="checkbox"/> Other Property	If yes, please describe:
<input type="checkbox"/> Other Persons	If yes, please describe:

Witnesses: (attach statements if available)

Names:	Phone Numbers:

Additional Information:

What measures have been taken to prevent future similar incidents?
What additional measures do you recommend?

Report Completed By:

Name: _____ Date: / /

Signature: _____