

# City of Somerset INCIDENT REPORT

**NOTE: Prior to filling out report, make sure Adobe Reader version XI or later is installed, open "OUTLOOK", click on "Send/Receive" tab at top, then click on "Send/Receive All Folders" at top left.**

**TO BE FILLED OUT COMPLETELY BY EMPLOYEE AND/OR SUPERVISOR & SUBMITTED WITHIN 48 HOURS.**

DEPARTMENT: \_\_\_\_\_ NAME OF EMPLOYEE AND/OR OTHER PARTY INVOLVED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATE NOTIFIED EMPLOYER (mm/dd/yy): \_\_\_\_\_

CLOCK NO. or LAST 4 OF SSN: \_\_\_\_\_ EMPLOYMENT STATUS: FULL PART SEASONAL TEMPORARY

DATE OF INCIDENT (mm/dd/yy): \_\_\_\_\_ TIME OF INCIDENT (24 hour format: hhmm): \_\_\_\_\_

INCIDENT INVOLVED: Vehicle Work Comp Gen. Liability Property Other \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

TYPE OF DAMAGE AND/OR BODY PART AFFECTED (SUCH AS DENTED FENDER, SPRAINED ANKLE, CUT FINGER, BECAME DIZZY, ETC.) : \_\_\_\_\_

DESCRIBE HOW INCIDENT OCCURRED (WHAT HAPPENED, ETC.): \_\_\_\_\_

REPORTING ONLY, OR ACTION(S) TAKEN (LIST WHERE TREATMENT RECEIVED AND/OR TYPE OF ACTION TAKEN): \_\_\_\_\_

WITNESS(ES) NAME & PHONE NUMBER: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

PHOTOS AVAILABLE? YES NO

ACTIVITY & ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE USING WHEN INCIDENT OCCURRED: \_\_\_\_\_

EXPLAIN IF: UNSAFE ACT, OR UNSAFE CONDITION: \_\_\_\_\_

**FOR WORK COMP CLAIM:** DID EMPLOYEE RETURN TO WORK? YES NO

EMPLOYEE DATE OF BIRTH (mm/dd/yy): \_\_\_\_\_ EMPLOYEE PHONE NO. \_\_\_\_\_

EMPLOYEE MAILING ADDRESS: \_\_\_\_\_

DATE & TIME EMPLOYEE STARTED WORK ON DATE OF INCIDENT (mm/dd & hh:mm): \_\_\_\_\_

LAST DATE EMPLOYEE WORKED (mm/dd/yy): \_\_\_\_\_ DATE DISABILITY BEGAN (mm/dd/yy): \_\_\_\_\_

**FOR VEHICLE CLAIM:**

POLICE REPORT FILED? YES NO SEAT BELT IN USE? YES NO

CITY VEHICLE: YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ VIN (last 4): \_\_\_\_\_

CELL PHONE IN USE AT TIME OF INCIDENT? YES NO IF YES, WORK, OR PERSONAL

DATE (mm/dd/yy)

NAME OF PERSON FILING REPORT

**IMPORTANT: MAKE SURE "OUTLOOK" IS STILL OPEN.**

**\*\*\*REVIEW YOUR FORM, THEN CLICK ON THE LARGE RED BUTTON AT RIGHT TO EMAIL TO PAYROLL, H.R. MANAGER, & SAFETY COORDINATOR. \*\*\***

**PRINT A COPY FOR YOUR FILES IF NEEDED.**