

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.
HIGHLIGHTED AREAS MUST BE COMPLETED FOR ALL WORK COMP AND VEHICLE INCIDENTS.**

DEPARTMENT: _____	
DATE OF INCIDENT (mm/dd/yy): _____	TIME OF INCIDENT (24 hour format: hhmm): _____
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
INCIDENT INVOLVED: Work Comp Vehicle Gen. Liability Property Other _____	
INCIDENT LOCATION: _____	
PHOTOS AVAILABLE? YES NO	
FOR ALL WORK COMP INCIDENTS: COMPANY NURSE NOTIFIED? YES NO	
EMPLOYEE DATE OF BIRTH (mm/dd/yy): _____ EMPLOYEE PHONE NO. _____	
EMPLOYEE MAILING ADDRESS: _____	
DID EMPLOYEE RETURN TO WORK? YES NO	
DATE & TIME EMPLOYEE STARTED WORK ON DATE OF INCIDENT (month & day and hour:minute): _____	
LAST DATE EMPLOYEE WORKED (month & day): _____	
FOR ALL VEHICLE INCIDENTS: CITY VEHICLE NUMBER: _____	
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	
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 (NO INSURANCE CLAIM TO BE FILED AT THIS TIME), OR ACTION(S) TAKEN (LIST WHERE TREATMENT RECEIVED AND/OR TYPE OF ACTION TAKEN): _____	
WITNESS(ES) NAME & PHONE NUMBER: (1) _____	
(2) _____ (3) _____	

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 H.R. MANAGER & SAFETY COORDINATOR. *****

PRINT A COPY FOR YOUR FILES IF NEEDED.