

# 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: <u>Work Comp</u> <u>Vehicle</u> Gen. Liability Property Other _____	
INCIDENT LOCATION: _____	
PHOTOS AVAILABLE? YES NO	
<b>FOR ALL WORK COMP INCIDENTS:</b> CONFIRM COMPANY NURSE <u>MUST</u> BE 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): _____	
<b>FOR ALL VEHICLE INCIDENTS:</b> 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
WITNESS(ES) NAME & PHONE NUMBER: (1) _____	
(2) _____ (3) _____	
→ 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.):	
→ ACTION(S) TAKEN (LIST WHERE TREATMENT RECEIVED AND/OR TYPE OF ACTION TAKEN) <u>OR</u> REPORTING ONLY:	

**NOTICE:** NAME OF DEPARTMENT MANAGER/SUPERVISOR NOTIFIED OF THIS INCIDENT.

\_\_\_\_\_  
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.**