



JEFFERSON COUNTY NON-EMPLOYEE INJURY REPORT

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO HUMAN RESOURCES WITHIN 24 HOURS FROM THE TIME OF THE ACCIDENT.

Injured Individual's Contact:

NAME	PHONE NUMBER	ADDRESS
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Date of Accident/Incident: _____ Time of Accident/Incident: _____

Date Reported: _____ To Whom Reported: _____

Jefferson County Employee Witness: _____

Accident /Incident Location: _____

WITNESSES:

NAME	PHONE NUMBER	ADDRESS
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NAME	PHONE NUMBER	ADDRESS
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NAME	PHONE NUMBER	ADDRESS
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Describe what happened (include sequence of events; weather, road conditions, etc.) (PLEASE BE SPECIFIC): _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Risk Manager's Signature: _____ Date: _____