



SKAGIT COUNTY INCIDENT REPORT

Record the following immediately after an incident, injury, or report of property damage from a member of the public.

Instructions: Please fill out all sections as completely as possible, skipping questions that don't pertain to incident. Return form to supervisor when complete. Attach additional sheets as necessary.

Supervisors: Please review for completeness, sign, and email form and pictures to Risk Management at riskmgmt@co.skagit.wa.us or interoffice a copy of this report to the Risk Assistant. A copy should be retained for your records.

I. Citizen Information

Incident Date/Time	/ /	: AM / PM	Name:
Phone Number:		Email Address:	
Mailing Address:			
Vehicle Information, if applicable (Make/Model/License Plate):			
Were they Injured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Location:	
Description of Incident/ Damage:			
Full Description of Injury:			
Was first aid necessary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who provided it:	
Accepted medical attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refused medical attention:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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II. Skagit County Employee

Was County Involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Completing this form:	
Weather Conditions:		Lighting:	
Location of Incident:		Pictures Taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Description of Incident: <i>(Who, What, why...)</i>			
What Were You Doing & Where Were You at Time of Incident?			
Describe Damage: <i>(If Applicable)</i>			
Were County Vehicles Involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were County employees injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*if yes, please fill out Employee Accident/Incident report detailing County employee injuries and property damage.			
Witnesses:			
Name 1:		Phone:	
Name 2:		Phone:	

III. Skagit County Supervisor's Report

Describe what employee was doing at the time of incident:	
What were you doing at time of Incident?	
Provide any additional important information on incident (immediate action taken, possible preventative measures, possible contributing factors):	
Supervisor Signature:	Date Signed: