

INCIDENT REPORT *

1. DEPARTMENT

COUNTY ATTORNEY'S NO.

NASSAU COUNTY

USE THIS FORM TO REPORT: ACCIDENTS ON COUNTY PROPERTY TO PERSONS WHO ARE NOT COUNTY EMPLOYEES; AND DAMAGE TO OR THEFT OF COUNTY PROPERTY.*

2. DIVISION AND UNIT

3. MONTH, DAY AND YEAR OF INCIDENT

4. TIME (AS EXACT AS POSSIBLE)

CHECK

AM PM

5. EXACT LOCATION OF INCIDENT

6. DESCRIBE IN SOME DETAIL HOW INCIDENT AND ANY INJURY OR DAMAGE OCCURRED.

COMPLETE
IN ALL
CASES

7. WHAT DID PERSONS INVOLVED SAY ABOUT INCIDENT?

8. WERE POLICE CALLED?

YES NO

IF YES, NAME OF POLICE OFFICER

PRECINCT

BADGE NO.

ACCIDENT OR AIDED NO.

9. TYPE OF PERSON INJURED

VISITOR STUDENT OTHER, SPECIFY

10. NAME OF PERSON INJURED

11. ADDRESS AND TELEPHONE NO. OF PERSON

12. AGE LAST BIRTHDAY

13. SEX

MALE FEMALE

14. DIED?

NO YES, DATE DIED:

COMPLETE
IF PERSON
INJURED

15. NAME, RELATIONSHIP, ADDRESS AND TELEPHONE NO. OF PERSON NOTIFIED OF INJURY

16. IF INJURED IS A MINOR, NAME OF PARENT

17. NATURE OF INJURY AND PARTS OF BODY INJURED.

18. TYPE OF AID GIVEN

NONE FIRST AID ON SCENE TAKEN TO HOSPITAL

WHAT HOSPITAL?

WHAT AMBULANCE SERVICE WAS CALLED?

WHO GAVE FIRST AID ON SCENE?

COMPLETE
IF PROPERTY
DAMAGE OR
THEFT
OCCURRED

19. NATURE AND EXTENT OF PROPERTY DAMAGE OR THEFT

* USE FORM C2 OR C2.5 TO REPORT WORK INJURIES TO COUNTY EMPLOYEES. USE FORM M3365 TO REPORT ALL INCIDENTS INVOLVING COUNTY VEHICLES.

(FORM #)

DATE

(OVER)

COMPLETE IN ALL CASES WHERE WITNESSES ARE AVAILABLE

20. NAME, ADDRESS AND TELEPHONE NO. OF WITNESSES *	AGE	RELATION TO PERSON INVOLVED

* THE NAMES OF WITNESSES SHOULD BE WRITTEN BY THE WITNESSES THEMSELVES ON SLIPS OF PAPER OR CARDS. THE ORIGINAL WRITING, WHETHER MADE BY WITNESS OR EMPLOYEE, MUST BE ATTACHED TO REPORT AND SENT TO COUNTY ATTORNEY WITH THIS REPORT. COUNTY EMPLOYEES ARE PROHIBITED FROM GIVING INFORMATION TO OR CONVERSING WITH ANYONE ABOUT ACCIDENTS EXCEPT PROPER COUNTY AUTHORITIES AND THE PERSONS GIVING INFORMATION NEEDED TO COMPLETE THIS FORM.

21. ADDITIONAL INFORMATION ABOUT ANY OF ABOVE ITEMS, IF MORE SPACE IS NEEDED.

SIGNATURE	TITLE	DID YOU WITNESS THE INCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE
SIGNATURE OF REVIEWER	TITLE	DID YOU WITNESS THE INCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE