

County of Riverside Confidential Incident/Accident Report

County of Riverside • Safety Division

3403 10th Street Suite 501 Riverside, CA 92501 ~ Mail Stop # 2170 ~ 951.955.3520 ~ Fax 951.955.9200

Please use this form to - REPORT ALL INCIDENTS/ACCIDENTS
DO NOT Use this form to - REPORT EMPLOYEE (on-the-job) INJURIES

This Form Should be Provided to the Safety Division Within 48 Hour of any Incident/Accident

COUNTY DEPARTMENT INFORMATION**Mail Stop:**

Department: _____ Address: _____ City: _____ Zip: _____

Name of Contact Person: _____ Phone No: _____ Email Address: _____

INCIDENT INFORMATION (THIS SECTION MUST BE COMPLETE IRREGARDLESS OF THE AVAILABILTY OF A POLICE REPORT)
 Date of Incident: _____ Time: AM PM

 Location:
 Address: (If Known) _____ City: _____ Zip: _____

Description of Incident or Accident: (FOR ADDITIONAL INFORMATION PLEASE USE SUPPLEMENTAL SHEET)

Witness(es): _____ Phone: _____

Identify Responding Agency (Police, Fire, Etc.) _____ Report #: _____

INJURIES			Gender	Age
Last	First	Middle		
Address			Home Phone	
Street	City	Zip Code		
Name of Parent/Guardian (if applicable)			Work Phone	
Part of Body Injured		Type of Injury (e.g., cut, burn)		
Extent of Injury (e.g., minor, severe)				
Name of Person in Charge at Time of Accident		Title	Phone	Present at Scene? Yes No
Action Taken/by Whom/When				
Was 911 called?		Was injured person transported to hospital?		Was treatment offered but refused?

NON-VEHICLE PROPERTY DAMAGE/LOSS

Property Description/Damage			
Owner	County Employee	Yes	No
Address		Home Phone	Work

DAMAGE TO COUNTY VEHICLE OR NON COUNTY VEHICLE (Attach Agency accident report if available)

VEHICLE 1 (County Vehicle) YR	Make	Model	License Plate .#	County Vehicle #
Driver Name		Office Phone:	Other (Home/Cell)Phone	
Describe Damage				
Citation/Violation (If known)		County Driver	Other Driver	Name
VEHICLE 2 (Other Party) YR	Make	Model	License Plate. #	
Owner/Address		Work Phone	Home	Cell
Driver (if not owner)/Address		Work Phone	Home	Cell
Drivers License Number:		Date of Birth:		
Describe Damage				
Other Vehicle Insurance Co.			Policy #	
Passenger Information Name		Address		
Phone: Work		Home	Cell	
Person Completing Form:	Signature:	Ph.:	Date:	
Supervisor:	Signature:	Ph.:	Date:	

County of Riverside Confidential Incident/Accident Supplemental Report

County of Riverside • Safety Division

3403 10th Street Suite 501 Riverside, CA 92501 ~ Mail Stop # 2170 ~ 951.955.3520 ~ Fax 951.955.9200

*Please use this form to - REPORT ALL INCIDENTS/ACCIDENTS
DO NOT Use this form to - REPORT EMPLOYEE (on-the-job) INJURIES*

This Form Should be Provided to the Safety Division Within 48 Hour of any Incident/Accident

COUNTY DEPARTMENT INFORMATION

Mail Stop:

Name of Contact Person (Print)

Phone #

Email Address

INCIDENT INFORMATION

Date of Incident

Time

AM/PM

Location:

Address: (If Known)

City

Zip

Person Completing Form:

Signature:

Ph.:

Date:

Supervisor:

Signature:

Ph.:

Date: