

County of Riverside Confidential Incident/Accident ReportCounty of Riverside • Safety Division
1111 Spruce Street • Riverside , CA 92507 • 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 PMLocation:
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

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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: