

# MANATEE COUNTY INCIDENT REPORT

To be completed by the employee involved and signed by their Supervisor and **Division Manager** immediately following an incident, with or without injury. **Forward to Risk Management** within 24 hours **and to the Department Director**. Use a supplemental sheet if necessary.

## **PRINT ONLY**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ COST CENTER: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

LAW ENFORCEMENT: MSO      FHP      OTHER \_\_\_\_\_ REPORT #: \_\_\_\_\_

WITNESS(S): \_\_\_\_\_

### **EMPLOYEE**

### **NON-EMPLOYEE**

Name: \_\_\_\_\_

\* Other Name: \_\_\_\_\_

\*

Department: Public Works/Transit

\* Address: \_\_\_\_\_

\*

Employee ID: \_\_\_\_\_

\*

\* City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*

Protective Equipment Worn? \_\_\_\_\_

\*

\* Phone \_\_\_\_\_

\*

Was County Policy & Procedure Followed? \_\_\_\_\_

\*

\* Damage Description: \_\_\_\_\_

\*

Vehicle ID #: \_\_\_\_\_

\* Transport to Hospital? \_\_\_\_\_

\*

Transport to Hospital  
or authorized medical facility?

\* Hospital Name: \_\_\_\_\_

\*

Name: \_\_\_\_\_

\* Nature of Injury: \_\_\_\_\_

\*

County Property Damaged? \_\_\_\_\_

\* Private Property Damaged? \_\_\_\_\_

\*

\* \_\_\_\_\_

\*

DESCRIPTION OF INCIDENT (if more space is needed use separate sheet):

**Report Prepared By:**

**Prepared/Reviewed By & Copy to Director:**

\_\_\_\_\_  
Employee – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Manager

\_\_\_\_\_  
Date



