



SPOKANE COUNTY

SPOKANE COUNTY INCIDENT REPORT

COMPLETE AND SEND TO RISK MANAGEMENT WITHIN 5 WORKING DAYS

To be used for: Vehicle Collisions-Police investigation required for all collisions involving County vehicles
Equipment Damage-Property Damage-Injuries to Citizens

INCIDENT DATE _____ TIME _____ LOCATION _____

DEPARTMENT _____ WAS A COUNTY VEHICLE INVOLVED? Yes No

	<u>YEAR</u>	<u>MAKE</u>	<u>LICENSE#</u>	<u>DRIVER'S NAME</u>	<u>VEHICLE#</u>
VEHICLE 1:	_____	_____	_____	_____	_____
VEHICLE 2:	_____	_____	_____	_____	_____

DESCRIPTION OF INCIDENT (Describe in detail the nature of incident, cause, contributing factors, comments made by others. Attach more sheets if necessary.)

WAS THERE A CITIZEN INVOLVED? Yes No

NAME _____ RES. PHONE _____ WORK/CELL _____

HOME ADDRESS _____

INSURANCE COMPANY _____ AGENT _____

PHONE _____ POLICY# _____

POLICE INVESTIGATION? Yes No CRIME CHECK REPORT # _____

OFFICER NAME _____ BADGE # _____

RISK MANAGEMENT LOSS CONTROL SPECIALIST CONTACTED? Yes No

EXTENT OF DAMAGE:

WHERE THERE ANY INJURIES? Yes No

DESCRIBE INJURIES (left hand, right foot, etc.): _____

IF A MINOR, WERE PARENTS/GUARDIANS CONTACTED? Yes No

PARENT/GUARDIAN NAME: _____ PHONE _____

EMPLOYEE COMMENTS

SUPERVISOR COMMENTS

RECOMMENDED CORRECTIVE ACTION

DATE	NAME OF PERSON SUBMITTING REPORT	DEPARTMENT
DATE	NAME OF SUPERVISOR & PHONE # (PRINT)	SIGNATURE

*Make a copy of this report for you department and return the original to Risk Management.