

**HART COUNTY  
INCIDENT REPORT**

DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_  
          LAST                    FIRST            MI    DOB    SEX    HOME PHONE

ADDRESS: \_\_\_\_\_  
                    STREET                                    CITY            ST    ZIP

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WAS COUNTY EQUIPMENT/VEHICLE INVOLVED:    \_\_\_ YES            \_\_\_ NO

PROPERTY DAMAGE:    \_\_\_ YES            \_\_\_ NO    IF YES ATTACH PHOTOS

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS EMPLOYEE SEEN BY PHYSICIAN:    \_\_\_ YES    \_\_\_ NO    IF YES ATTACH REPORT.

DATE AND TIME SEEN: \_\_\_\_\_

PAST HISTORY OF INCIDENTS/INJURIES ON TIRE JOB:    \_\_\_ YES            \_\_\_ NO

IF YES, LIST: \_\_\_\_\_

LENGTH OF EMPLOYMENT WITH HART COUNTY: \_\_\_\_\_ PART/FULL TIME

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE COMPLETED BY IMMEDIATE SUPERVISOR

HISTORY OF JOB INJURIES: ( ) YES ( ) NO BRIEF HISTORY: \_\_\_\_\_

ORIENTATION COMPLETE: \_\_\_\_\_

RECOMMENDATIONS - PREVENTION - FOLLOWUP: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_