

**ALAMEDA COUNTY
INCIDENT REPORT FORM
(NON-VEHICLE RELATED)**

TO BE COMPLETED IMMEDIATELY.

The County employee who either witnesses or discovers the accident should complete this form. Attach any photos or diagrams. The Report and attachments should immediately be forwarded to Risk Management Unit, 125 – 12th Street, 3rd Floor. OIC 28505. Fax #: (510) 272-6815.

**CONFIDENTIAL-ATTORNEY/CLIENT
PRIVILEGED REPORT**

This Report is confidential and is intended to be sent to County's claims administrator and/or County's legal counsel for use in recovering losses and defending litigation.

(Attach additional sheet if necessary)

DATE OF ACCIDENT		DAY OF WEEK		TIME OF ACCIDENT		
LOCATION OF ACCIDENT						
BODILY INJURY INFORMATION	(1) Name of Injured:			Age:	Sex:	Female Male
	Address					
	Nature of Injury (Specify Injured Part(s) of the Body)			First Aid Procedures Used and by Whom		
	(2) Name of Injured:			Age:	Sex:	Female Male
	Address					
Nature of Injury (Specify Injured Part(s) of the Body)			First Aid Procedures Used and by Whom			
PROPERTY DAMAGE INFORMATION	What was damaged?			Where can damaged property be seen?		
	Describe in detail the property damages					
	Who is the owner?		Owner's Address		Owner's Phone #:	
PHOTOGRAPHS TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "YES" By Whom? _____ Phone #: _____						
IF THERE WERE ANY WITNESSES, PLEASE PROVIDE THE FOLLOWING INFORMATION:						
(1) Witness Name:		Address:		Phone #s: Work: Home:		
(2) Witness Name:		Address:		Phone #s: Work: Home:		
(3) Witness Name:		Address:		Phone #s: Work: Home:		

DESCRIBE IN DETAIL THE ACCIDENT

HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED?

ADDITIONAL REMARKS:

REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)

_____ Phone #: _____

SIGNATURE: _____

DATE: _____

REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)

_____ Phone #: _____

SIGNATURE: _____

DATE: _____