COUNTY OF TUOLUMNE

ACCIDENT REPORT
(Non-Employee)

Send Completed Form To: COUNTY COUNSEL

IMPORTANT NOTICE

This form is intended for the exclusive use of the County Counsel's Office in defending the County and its employees from litigation. It is protected by the Attorney-Client privilege.

Name of Injured: _____ Male Female

Address: _____ Phone: _____ Age: _____

Date of Accident: _____ Time: _____ a.m. p.m. Place: _____

Description of Accident (use additional sheet if necessary): _____
_____
_____

Nature of Injury: _____

Witnesses Name Address Phone
_____
_____

What employees were on duty? _____

Did injured person receive First Aid? Yes No By whom? _____

What was done with the injured person? _____ Was 911 called? Yes No

Name and address of physician or hospital whose services were obtained: _____
_____

Was injured person disobeying any rules or regulations in force at the time of accident? Please identify specifics. _____
_____

Comments and actions of injured person(s): _____

Comments of other persons related incident: _____

Additional Comments: _____

Department Reporting Accident

Department: _____ Division: _____ Work Location: _____

Address: _____ Phone: _____

Employee Submitting Report: _____ Date: _____

Supervisor's Signature: _____ Date: _____