ALEXANDER COUNTY
ACCIDENT REPORT – VISITOR/PUBLIC

Instructions: Use this form to report accidents/incidents with members of the public.
Reports must be submitted to Risk Management within 24 hours.

Date / Location of Accident / Incident		
Date/Time am/pm of Accident/Incident Date: Time:	Date/Time am/pm Reported to Risk Mgt Date: Time:	Accident/Incident Address:

Accident / Incident Information
Description of Accident / Incident:
Nature of Injury:
Was medical treatment required: ☐ Yes ☐ No Transported by EMS: ☐ Yes ☐ No
Actions taken to prevent further injury:

Contact Information	
Name of injured Party: Phone Number:	Address:

Report Completed By	
County Employee Name: Email Address:	Phone Number: