WARREN COUNTY
VISITOR OR VOLUNTEER INJURY REPORT

Use this form to report injuries to visitors on County premises or to County volunteers.

This form should be completed by the Department Head responsible for the area/Department where the incident occurred.

DATE OF INCIDENT:_____TIME:_____

LOCATION:_____

PERSON CLAIMING INJURY

VISTOR TO COUNTY PROPERTY ☐ VOLUNTEER FOR COUNTY ☐

NAME:_____AGE:_____PHONE:_____

ADDRESS:_____

DESCRIBE WHAT HAPPENED:_____
_____
_____
_____

DESCRIBE THE INJURIES:_____
_____
_____

TAKEN TO HOSPITAL?_____DOCTOR?_____

Where there unsafe acts or conditions that contributed to this incident, if so, describe:_____
_____
_____

If there were unsafe conditions on County property was the Buildings and Grounds Department notified and what action was taken?_____
_____

Continued on page 2…..

WITNESSES

WITNESS
NAME:_____ADDRESS:_____PHONE:_____

WITNESS STATEMENT, Brief description of what occurred:_____
_____
_____

WITNESS
NAME:_____ADDRESS:_____PHONE:_____

WITNESS STATEMENT, Brief description of what occurred:_____
_____
_____

WITNESS
NAME:_____ADDRESS:_____PHONE:_____

WITNESS STATEMENT, Brief description of what occurred:_____
_____
_____

Signature of Department Head COMPLETING THIS REPORT:_____

DATE:_____ Print Name:_____Phone:_____

Email of Department Head completing this report:_____

Department Head should immediately fax this form to the County Attorney at 761-6377 and mail the original to the County Attorney. Department should also fax this form to Self-Insurance at 761-6249.