



County of Henrico
Department of Finance, Risk Management Division

INCIDENT REPORT

(FOR ALL NON-COUNTY VEHICLE RELATED INCIDENTS)

Promptly report all accidents, regardless of the extent of the personal injury or property damage, to your supervisor. ADMIT NO LIABILITY OR FAULT. Please complete this form and send to the Risk Management Division within 24 hours (or next business day if occurrence is on weekend or holiday). Please refer to the instructions listed on the HR Employee Portal under "[My Workplace](#)" for reporting Property/Vehicle/Liability incidents and Workplace injuries. Please attach any additional documents and/or photos.

TYPE OF INCIDENT (Please check the appropriate boxes)

County Property Damage

Personal Injury (excludes employee injuries)

Private Property Damage

Other

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ AM PM

Location of Incident: _____

Department: _____ Division/School: _____

Equipment, Material, Animal, or Other Person Involved:

Was a report taken by Fire/Police? Yes No Report Number/Investigating Officer: _____

Employee Reporting Incident: _____ Work Phone or Email: _____

Was Supervisor Notified? Yes No Supervisor's Name/Contact Information: _____

DESCRIPTION OF INCIDENT (Please describe in detail what occurred.)

COUNTY PROPERTY DAMAGED (Please describe the property damaged, including the Equip/Serial # and how it was damaged.)

ESTIMATED COST OF DAMAGE: \$ _____

Was the damage caused by a third party? Yes No

If yes, please list the name(s) and contact information of the other party. (List additional persons on a separate page.)

List the other party's insurance company, policy number, and contact information.

IS THIS FOR REPORT PURPOSES ONLY? Yes No

PRIVATE PROPERTY DAMAGED *(Please describe the property damaged and how it was damaged)***OWNER'S INFORMATION**

Owner's Name: _____ Owner's Phone Number: _____

Owner's Address: _____
*Street City State ZIP*List the Owner's Insurance company, policy number, and contact information.
_____**PERSONAL INJURY INFORMATION** *(List additional persons on a separate page.)*

Name of Injured Person _____

Is this person a minor? Yes No If yes, legal guardian's name: _____

Is this person a student? Yes No If yes, what school does the student attend? _____

Phone Number or Email: _____

Address: _____
Street City State ZIP

Nature of Injuries Minor Injuries EMS Transport Fatality

Injured body part(s) _____

WITNESS INFORMATION *(Please include the name and contact information of each witness, including other employees)***SUPERVISOR'S COMMENTS/RECOMMENDATIONS****SIGNATURES**_____
Employee's Signature Printed Name Date_____
Supervisor's Signature Printed Name Date**PLEASE SUBMIT DOCUMENTS TO RISK MANAGEMENT BY INTER-OFFICE MAIL, MAIL, FAX, EMAIL, OR IN PERSON****Mail:**County of Henrico
Department of Finance
Risk Management Division
PO Box 90775
Henrico, VA 23273**Fax:**

804-501-5663

Email:rmmail@henrico.us