



Incident / Accident Report Mandatory 24 Hour Reporting

Contact your Supervisor and Risk Manager immediately to notify them that an incident or accident has occurred. This form is to be filled out for all incidents/accidents/illnesses that result in personal injury that may or may not require medical treatment. This form is to be completed by the employee with their supervisor. Supervisor must submit report immediately to Risk Manager upon completion of all sections.

Employee Section

Date of incident ___/___/___ Day of week _____ Time of incident _____ a.m./p.m.

Employee name _____ SSN _____

Employee home address _____

Employee home phone _____ Birth date _____

Job Title _____ Department _____

Supervisor Name _____ Supervisor phone _____

Incident needing medical attention _____ **OR** Incident w/o medical attention _____

Did you seek medical attention? Yes _____ No _____ Date of medical attention ___/___/___

Treating physician/medical facility, if needed: _____

Name of supervisor who accompanied employee, if necessary: _____

Description of incident: _____

Description of extent of injury and body part(s) injured: _____

Location of body parts injured: Right _____ / Left _____ / Both _____ / Does not apply _____

Location of incident (Place, City & State): _____

Were there witnesses? Yes _____ No _____ If yes, complete **“Witness Information to Incident”** section at the bottom of this form.

What could I have done to prevent the injury? _____

Do you feel you have been properly trained to perform your job duties? _____

If you feel medical treatment is not necessary, please complete the Waiver of Medical Treatment located at the bottom of this page. Signing the waiver relates to the need for treatment now, it does not prevent any additional treatment later, if necessary.

Employee signature _____ Date _____

WAIVER OF MEDICAL TREATMENT

After completing this report, I declare that medical treatment is not necessary and I elect not to receive medical treatment at this time.

Employee signature _____ Date _____

Supervisor Investigation Report

Description of incident _____

Immediate cause of injury _____

What safety training/equipment could have prevented this injury? _____

Corrective action taken _____

Was a non-county employee injured as a result of this incident? Yes _____ No _____ If yes, complete
“Non-County Injury Information” section at the bottom of this form.

Was there property damage? Yes _____ No _____ If yes, complete “Property Damage Report”
section at the bottom of this form.

Supervisor signature _____ Date _____

Management review _____ Date _____

Witness Information to Incident

Please provide the following information about the witness(es) to the incident:

Name _____

Phone number _____

Address _____

Name _____

Phone number _____

Address _____

Non-County Injury Information

Please provide the following information on each non-county person injured:

Describe the nature of the incident/injury to the non-county employee.

Name _____

Phone number _____

Address _____

Name _____

Phone number _____

Address _____

Property Damage Report
Please provide picture if available

What property was damaged? _____

Where can damaged property be seen? _____

Owner of the property? _____

Witnesses: (List all known witnesses – If more room is needed attach another sheet)

Name _____

Name _____

Phone number _____

Phone number _____

Address _____

Address _____

Were the police involved? Yes _____ No _____ If yes, provide the name of the officer _____

Supervisor signature _____ Date _____

FILL OUT THIS FORM AND RETURN TO THE AUDITOR'S OFFICE IMMEDIATELY. Incident and/or claim must be filed with Workforce Safety & Insurance by midnight (Central Time) of the business day following the date of incident or injury.

COUNTY CONTACTS – RISK MANAGERS:

Stephanie Pappa

701-628-2145 Work / 701-755-3381 Home / 701-629-0496 Cell

Alternate if Stephanie Pappa is not available:

701-628-2145 Work (Nichole Degenstein)

If County Contacts are Unavailable:

Jennifer Morman, NDACO (1-800-932-8730)

Mike Wolf, NDACO

WSI ACCOUNT: 1196351