



RICHMOND Kentucky

ACCIDENT/INCIDENT REPORT

Use of this form is intended for public use and should be used for all incidents involving personal injury, property damage or "near misses" (incidents which could have resulted in injury or damage) and should be submitted to the Office of Safety and Risk Management as soon as possible. Information provided on this form is for informational purposes and does not imply that action will be taken by the City or that information provided is factual or accurate or that the City assumes responsibility for any incidents or conditions reported herein.

1. INCIDENT TYPE¹ (check all that apply)

Citizen Injury/Illness Property Damage Near Miss Other

2. INCIDENT INFORMATION

Date/Time of Incident _____ Date/Time Reported _____ Persons Notified _____

Did incident occur on City property? Yes Location Name _____
 No²

Description of Injury or Property Damage: _____

Description of Incident (What was the injured party doing at the time of the incident? Describe the events immediately preceding the incident. Identify names of any persons involved in the incident, and any tools, machinery, equipment, or vehicles involved in the incident. Attach photos and witness statements). Attach summary of incident if necessary.

Name(s) and Phone Numbers of Witness(es) (attach statement of each witness)

3. INJURED PARTY INFORMATION³ (separate report must be completed for each injured party)

Name Injured Party _____ Home Address _____
City _____ Zip _____ Home Telephone # () _____
Sex Male Female Date of Birth _____ Employee Location _____

4. RESPONSIBLE PARTIES⁴

Name _____ Home Address _____
City _____ Zip _____ Home Telephone # () _____
Physical Description _____ Was an arrest made? Yes No

5. MEDICAL TREATMENT

Was first aid administered? Yes No If so, provide name of person _____
Was injured person(s) transported to the hospital/clinic? Yes No Initial treatment received _____
Doctor's Name _____ Medical Facility _____ Telephone No. () _____

6. FINDINGS AND CONCLUSIONS

Key Findings⁵



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Conclusion⁶

Was this incident a result of an: Unsafe Act? Unsafe Condition? Neither

Describe 'Unsafe Act' and/or "Unsafe Condition": _____

Actions Taken to prevent accident recurrence: _____

Related/Attached Reports: _____

7. RECOMMENDATIONS/ADMINISTRATIVE FOLLOW-UP

List recommendations and/or administrative follow-up: _____

8. SIGNATURES *(By signing this document, both the Preparer and Supervisor agree to protect this document against unlawful distribution.)*

Signature of Preparer

Date

Signature of Supervisor

Date

SUBMIT TO:
OFFICE OF SAFETY & RISK MANAGEMENT AT 859-625-6422 OR
PWILLIAMS@RICHMOND.KY.US OR
RPINGLETON@RICHMOND.KY.US