

Grand Forks County

NON-EMPLOYEE INCIDENT/ACCIDENT REPORT

To: RISK MANAGER: bridgie.hansen@gfcounty.org

From:

DATE AND TIME OF INCIDENT:

LOCATION:

NAMES OF THOSE INVOLVED:

SEQUENCE OF EVENTS:

ADDITIONAL INFORMATION:

PERSON MAKING REPORT:

WITNESSES:

REPORTED CAUSE:

SIGNATURE AND DATE:

ACTION TAKEN BY RISK MANAGER:

REFERRED TO:

DATE ACTION CORRECTED: