



County of Spartanburg

Risk Management

Accident / Incident Report

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

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male Female

Who was the injured person: Employee Non-Employee Contractor

Type of injury: _____

Details of accident/incident: _____

Injured party requires physician / hospital visit? Yes No

Name of physician / hospital in which injured party was treated: _____

Address: _____

Telephone: _____

Signature of injured party _____ Date _____

Injured party declined medical attention

Signature of injured party _____ Date _____