

BELMONT COUNTY
101 W. Main Street
St. Clairsville, OH 43950
Phone: 740-232-1738
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INCIDENT/ACCIDENT REPORT

Name: _____ Date: _____

Address: _____

Phone: _____

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

Address where Accident/Incident occurred:

In the space below, describe what happened. What were you doing? What equipment, machinery or substances were involved? if incident/accident resulted in injury please explain how were you injured?

Describe your injury or injuries, if any. Be specific. State the nature of the injury (cut, burn, bruise, etc.) and the specific part of body (right knee, left index finger, etc.):

Name of witnesses: _____

Did you seek any initial medical treatment? ___ Yes ___ No

If so, where? _____

When? _____

By whom? _____

What treatment was rendered? _____

What was the diagnosis? _____

Signature: _____ Date: ____/____/____