



DOUGLAS COUNTY INCIDENT / ACCIDENT REPORT

SEND COMPLETED FORM TO:

Douglas County Human Resources Department
Douglas County Courthouse, Rm 322
Roseburg, Oregon 97470

Type of Incident: Vehicle* Property Damage Injury

Incident Reported by: Injured party Owner of damaged property County employee

Name _____ Phone _____ (h)

Address _____ (w)

Date of Incident _____ Time of Incident _____ am/pm

Location of Incident _____

Description of Incident Damages/Injuries (as reported) _____

Reported Estimated Amount of Damages \$ _____

Name(s), Address(es), Phone Number(s) of Witness(es) _____

Date Damage Claim(s) Form Sent (if necessary) _____

Employee Receiving Report _____

Department _____

Date _____

*When vehicle accident involving County vehicle, also complete Statement of Facts of Accident (RM3)

Attach police report and other supporting documents.

| | | | | | |
|-------------------------------------|--|------------------|-----------------|-----------------------|-------------------|
| Human Resources Department Use Only | DOL _____ | Department _____ | File Name _____ | Cross Reference _____ | Charge Code _____ |
| | Date Damage Claim Form Received: _____ | | | | |

SUPERVISOR / DEPARTMENT HEAD INVESTIGATION
OF INCIDENT

Based on your investigation, describe your understanding of the incident: _____

Was incident due to unsafe condition? Yes No

Explain _____

Was incident due to unsafe act? Yes No

Explain _____

Could this have been avoided or prevented? Yes No

Explain _____

Supervisor / Department Head Signature _____

Date _____

Attach this form to Incident / Accident Report (RM1) form prior to sending to: Douglas County Human Resources Department
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