HINDS COUNTY HUMAN RESOURCE AGNECY
INCIDENT / ACCIDENT REPORT

A. GENERAL – To be completed on ALL incidents/accidents. Complete sections B or C as needed.

Prepared By _____ Date _____

Name of Person Involved _____ Social Security # _____

Status: ☐ Employee ☐ Volunteer ☐ Parent ☐ Child ☐ Other

Work Site _____ Work Phone # _____

Date and Time of Incident/Accident _____ Date & Time Reported _____

Location of Incident/Accident _____

☐ Indoor ☐ Outdoor

Describe the incident/accident *(attach additional pages as needed and diagram, if possible)* _____

_____

_____

_____

Describe the conditions (lighting, floor, weather, etc.) _____

_____

_____

Describe the cause of the incident/accident _____

_____

Describe the injuries and parts of body affected _____

_____

List tools, chemicals, or machinery involved in this accident _____

_____

Signature _____ **Date** _____

Witnesses:

1. _____
   Name   Address   Phone

2. _____
   Name   Address   Phone

Medical Attention:

☐ First Aid Given By _____

☐ Examined by Doctor/Nurse Practitioner _____

☐ Ambulance Called By _____

☐ Taken To _____ Taken By _____

	Yes	No	N/A	Date	Time
Have parents been notified?	☐	☐	☐	_____	_____
Has the Personnel Department been contacted?	☐	☐	☐	_____	_____
Has Worker's Compensation been contacted?	☐	☐	☐	_____	_____
Were law officials contacted?	☐	☐	☐	_____	_____
Has cause of incident/accident been corrected?	☐	☐	☐	_____	_____

(Attach explanation, if appropriate)   Reported By _____

B. VEHICLE ACCIDENT   SITE NO. _____

Name of Driver _____ Position/Program _____

Name of Bus Monitor _____

Type and Description of Vehicle _____

Vehicle # _____ Vehicle ID# _____ Tag # _____

☐ Head Start   ☐ Meals on Wheels   ☐ CSBG   ☐ Private   ☐ Other _____
Description of Damage to Agency Vehicle _____
Description of Damage to Other Vehicle(s) _____
Name(s) of Other Driver(s) _____
Name and Badge # of Reporting Officer _____

	Yes	No	N/A	
Copy of Vehicular Accident Report attached?	☐	☐	☐	
Drug/Alcohol Screen ordered?	☐	☐	☐	_____

Date & Time

C. BREAK-IN/BURGLARY

Name of Building _____

Address _____

☐ Break In   ☐ Burglary   ☐ Other _____ Date & Time Discovered _____

Discovered By: ☐ Security Co.   ☐ Police   ☐ Emp. _____   ☐ Other _____
                                                        Name   Name

Describe Property Damage _____

_____

Describe Missing Property _____

_____

	Yes	No	N/A	Date	Time
Were the police contacted?	☐	☐	☐	_____	_____
Case No. _____ (Attach)					
Was police report obtained? *(Attach)*	☐	☐	☐	_____	_____
Has insurance company been notified?	☐	☐	☐	_____	_____
Has cause of accident/incident been corrected?	☐	☐	☐	_____	_____

(Attach explanation, if necessary)

D. ROUTING OF THIS FORM MUST BE DONE IN THE FOLLOWING ORDER, AS APPLICABLE:

Reviewed By	Initials	Date
☐ Center Administrator/Department Director	_____	_____
☐ Chief Financial Officer	_____	_____
☐ VP of Property Management & Administration	_____	_____
☐ Personnel	_____	_____
☐ Health Specialist	_____	_____
☐ VP of Head Start & Early Childhood Programs	_____	_____
☐ President/CEO	_____	_____
☐ Safety Committee Chair	_____	_____