Hanover County & Hanover County Public Schools Citizen Incident Report

Section 1: Personal Information					
Last Name:		**First Name:**		**Daytime Phone:**	
Home Address:				**Email Address:**	

Section 2: Incident Information					
Date of Incident: (MM/DD/YYYY)		**Time of Incident:** (Military Time)			
Incident Location Name:		☐ County Government Facility	☐ County School Facility	☐ County Parks & Recreation Facility	☐ Other County Facility
Incident Street Address:		**City:**	**State:**	**Zip:**	
Describe Location of Incident: (i.e. Stairs, Parking Lot, Athletic Field etc.)					

Section 3: Injury Information					
Injury Type:	☐ First-Aid	☐ Medical Treatment	☐ Fatality	**If Fatality, Date of Fatality:** (MM/DD/YYYY)	
Was offsite medical care provided?	☐ Yes	☐ No	**If Yes, Name of Facility:**		
If yes, provide Physician Name:		**If yes, provide Facility Address:**			
Hospital Visit? ☐ Yes ☐ No	***If yes, Hospital Name:***				
If yes, Hospital Address:		**City:**	**State:**	**Zip:**	
Was Injured person Hospitalized Overnight?	☐ Yes	☐ No			

Nature of Injury:	**Type of Injury:**
☐ Struck By	☐ Amputation (full or partial)
☐ Struck Against	☐ Fracture
☐ Fall (same level)	☐ Cut / Laceration
☐ Fall (from elevation)	☐ Crushing Injury
☐ Contact with Stationary Object	☐ Puncture Wound
☐ Contact with Moving Object	☐ Burn (Chemical or Thermal)
☐ Contact with Chemicals or Hot Surface	☐ Eye Injury or Loss of an Eye

Body Part Injured: (If multiple, list all body part affected.)	

Section 4: Description of Incident

Description of Incident: (Provide a detailed description of the incident, including how it happened. Attach additional sheets as needed.)

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Section 5: Property Damage Information (Citizen Property or Vehicle/Equipment Only)					
Accident Date: (MM/DD/YYYY)		**Accident Time:** (Military Time)		**Date Reported:** (MM/DD/YYYY)	
Accident Location Address: (Location of where the damage occurred.)					
Were the Police/Sheriff Notified: ☐ Yes ☐ No		**If yes, Department Name:**			
Officer Name:		**Report Number:**			

Section 6: Description of Accident
Description of Accident:

Section 7: Property Damage Information
Property Damage Information: (Give a complete description of the property damaged.)

Section 8: Citizen Owned Vehicle and/or Equipment Information					
Vehicle / Equipment Make:		**Model:**		**Year:**	
VIN: (Vehicle Identification Number)					
Name of Insurance Company:		**Agent Name:**			
Policy Number:		**Insurance Comp. Phone Number:**			

Section 9: Witness Information					
Last Name:		**First Name:**		**Phone Number:** (Cell or work)	
Witness Statement Attached: (use section 12 form to record witness statement)	☐ Yes ☐ No				
Last Name:		**First Name:**		**Phone Number:** (Cell or work)	
Witness Statement Attached: (use section 12 form to record witness statement)					
Last Name:		**First Name:**		**Phone Number:** (Cell or work)	
Witness Statement Attached: (use section 12 form to record witness statement)	☐ Yes ☐ No				
Last Name:		**First Name:**		**Phone Number:** (Cell or work)	
Witness Statement Attached: (use section 12 form to record witness statement)	☐ Yes ☐ No				

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Section 9: Additional Comments					
Any additional Comments or witness statements:					
Reporting Citizen's Name:		**Reporting Citizen's Signature:**		**Date:** (MM/DD/YYYY)	

Section 10: Preliminary Root Cause(s) of incident. (FOR COUNTY USE ONLY)

Section 11: Recommended Corrective Actions. (FOR COUNTY USE ONLY)					
County Safety and Risk Mgmt. Reviewer:		County Safety and Risk Mgmt. Reviewer Signature		Date:	

This Citizen Incident Report should be submitted to the Hanover County Office of Safety & Risk Management as soon as possible, but no later than three (3) business days after the incident.

This form is to be used to record a citizen injury, damage to citizen property or both, should both occur. Hanover County Employees shall follow established reporting procedures for damage to their personal property while at their place of employment.

For additional guidance on completion of this form, please contact …
Hanover County Safety & Risk Management at (804) 365-6227 or by mail at
Hanover County Office of Safety & Risk Management P.O. Box 470 Hanover, Va 23069

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Section 12: Supplemental Witness Statement Form

Instructions: Please utilize this form to capture witness statements. Once complete, this form, along with any incident scene photos, supporting documentation describing the event or similar information should be attached. Utilize a separate witness statement form for each incident witness.

Witness Name:		Date of Incident: (MM/DD/YYYY)	

Reporting Citizen's Name:		Reporting Citizen's Signature:		Date: (MM/DD/YYYY)	