

BOARD OF COUNTY COMMISSIONERS, ESCAMBIA COUNTY

GENERAL LIABILITY INCIDENT/LOSS REPORT

THIS REPORT TO BE COMPLETED BY ESCAMBIA COUNTY RISK MANAGEMENT OFFICE PERSONNEL

Risk Management
221 Palafox Place, Suite 200
Pensacola, FL 32502

TYPE OF INCIDENT/ACCIDENT	
MOTOR VEHICLE ACCIDENT	COMPLETE SECTIONS 1, 2, 5, 6, 7
PUBLIC INVOLVEMENT (PERSONAL OR PROPERTY)	COMPLETE SECTIONS 1, 3, 5, 6, 7
DAMAGE TO COUNTY PROPERTY	COMPLETE SECTIONS 1, 4, 5, 6, 7
LOSS/THEFT/VANDALISM OF COUNTY PROPERTY	COMPLETE SECTIONS 1, 4, 5, 6, 7
OTHER	COMPLETE APPROPRIATE SECTIONS, INCLUDING SECTIONS 6 AND 7
DATE OF OCCURRENCE:	TIME:
LOCATION OF INCIDENT/ACCIDENT:	

1. EMPLOYEE INFORMATION			
EMPLOYEE NAME:		EMPLOYEE CLASSIFICATION:	
DEPARTMENT:	DIVISION:	SUPERVISOR:	
WAS EMPLOYEE DRUG TESTED?	YES	NO	WHEN?:
		DRUG TEST FORM NUMBER	

2. MOTOR VEHICLE ACCIDENT	
COUNTY VEHICLE NO:	NATURE AND EXTENT OF DAMAGE TO COUNTY VEHICLE:
TYPE OF VEHICLE:	
COUNTY DRIVER:	INJURIES?
PASSENGER:	INJURIES?
PASSENGER:	INJURIES?
PASSENGER:	INJURIES?

INVESTIGATING AGENCY:		INVESTIGATING OFFICER/ REPORT NO. :(Attach a copy of report)			
DAMAGE TO OTHER VEHICLE:		PRIVATE		COMMERCIAL	
		SECOND COUNTY VEHICLE			OTHER:
TAG NO (INCLUDE COUNTY & STATE):			VEHICLE TYPE:		
NATURE AND EXTENT OF DAMAGE:					
DESCRIBE INJURIES, IF ANY:					
INSURANCE POLICY NUMBER:					
INSURANCE COMPANY NAME & ADDRESS:					
OPERATOR NAME/ADDRESS			OWNER NAME/ADDRESS (IF OTHER THAN OPERATOR)		
CITING AGENCY:	EMPLOYEE		VIOLATION:		
	CITIZEN		VIOLATION:		

3-A PUBLIC INVOLVEMENT (PERSONAL INJURY)			
CODE	CITIZEN'S NAME	ADDRESS:	PHONE NO.:
INJURY CODES: 1=NONE OR TREATMENT REFUSED. 2=FIRST AID. 3=MEDICAL ONLY. 4=HOSPITALIZED. 5=FATAL. 6=UNKNOWN			
DESCRIPTION OF INJURIES:			
3-B PUBLIC INVOLVEMENT (PRIVATE PROPERTY DAMAGE)			
CITIZEN'S NAME		ADDRESS:	PHONE NO.
TYPE OF EQUIPMENT/EXTENT OF DAMAGE:			

4. DAMAGE TO OR LOSS OF COUNTY PROPERTY

MATERIALS AND/OR EQUIPMENT DAMAGED, DESTROYED, LOST OR STOLEN

NO. OF ITEMS	NAME OF ITEM	DESCRIPTION	COUNTY NO.

5. WITNESSES TO ACCIDENT/INCIDENT

	NAME	ADDRESS	TELEPHONE
1			
2			
3			
4			

6. DETAILS OF ACCIDENT/INCIDENT

DIAGRAM OF ACCIDENT/INCIDENT: (INCLUDE STREET NAMES, SPECIFIC LOCATION, TRAVEL DIRECTIONS)
INDICATE NORTH WITH A DIRECTIONAL ARROW.

DESCRIPTION OF ACCIDENT/INCIDENT:

WEATHER CONDITIONS:			NOT A FACTOR
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7-A. INVESTIGATOR'S COMMENTS & ANALYSIS

RECOMMENDED CORRECTIVE ACTION:

		TRAINING REQUIRED		TOPIC FOR SAFETY MEETING
		REVIEW EQUIPMENT DESIGN		REVIEW OF DEPARTMENTAL PROCEDURES
		RECOMMEND INCIDENT REVIEW BOARD		REFER TO ANOTHER DEPT. FOR ACTION
		OTHER:		

COMMENTS:

7-B. INVESTIGATOR'S DETERMINATION

	EMPLOYEE	CHECK AS APPROPRIATE	CITIZEN
		NOT RESPONSIBLE	
		SIMPLE NEGLIGENCE (CARELESSNESS)	
		GROSS NEGLIGENCE (DERELICTION OF DUTIES/RESPONSIBILITIES)	

COMMENTS:

COMPLETED BY: (PRINT)	CLASSIFICATION: RISK ANALYST	SIGNATURE:	DATE:
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INCIDENT REVIEW BOARD?		YES		NO
RISK MANAGER: (PRINT) DEBRA JOHNSON	SIGNATURE:		DATE:	