

**WORKERS' COMPENSATION
INCIDENT REPORT**

_____ **County**

Person Involved: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Date and Time of Incident: _____

Location of Incident: _____

Please describe what happened: _____

Injuries Sustained: _____

Signature

Date

Witness: _____

Address: _____ City: _____ State: _____