

County of Gloucester
Human Resources Manual

CHAPTER:	8 – SAFETY AND SECURITY	ADOPTED: 3/7/06
SECTION:	4 – INCIDENTS INVOLVING COUNTY PROPERTY	REVISED: 11/7/18

EXHIBIT W – NOTICE OF ACCIDENT/INJURY FORM

****To be completed in the event of an automobile accident, injury, incident on County premises or a County sponsored event. ****

Upon notification of an accident, immediately call Safety at (856) 384-6994, (856) 384-6993 or (856) 853-3268

Complete this form and deliver within 1 business day to:

- **Fax: (856) 384-6997**

Please indicate what type of accident happened:

- Auto accident**
- Damage to property of others**
- Injury to others on County Property**
- Other**

Department _____

Date and time of accident: _____

Where did the accident occur (location, building, road, etc.)?

Describe the accident and include the weather conditions:

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Describe any County property that was damaged (if County vehicle: vehicle year, make and model):

VIN (vehicle identification number) and license tag number:

Who was driving County vehicle:

Other person(s) involved: Owner name and address. Description of property damage.

List injured person(s) and nature of their injury:

Contact Information (Name, address, and phone number of all parties involved):

Name, address, and phone number of all witnesses:

How was the claim reported? _____

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Is there a Police Report? ____ Yes ____ No If yes, please attach.

Signature: _____ Title: _____

Date: _____

Please use another sheet of paper for any additional comments or information and if pictures were taken at the scene of the accident, please include with form.

Instructions on Completing the Notice of Accident Form

Although we would like as much detail as possible, it is more important to provide us with the notice of accident as soon after the accident is reported to you. If this accident occurs after normal business hours, please leave a message on voicemail – (856) 384-6994, (856) 384-6993 or (856) 853-3268.

Date and time of accident: *Please indicate the date and time the accident occurred, not the date it was reported.*

Where did the accident occur?: *Please state the complete location address of the accident. If it is an auto or general liability (i.e. slip and fall) accident include cross streets. If the accident occurred within a building, include the floor and room.*

Describe the accident: *Please give a detail account of the events that led to the accident. (i.e. auto accident – indicate the weather conditions, indicate which party caused the accident, indicate any other details which aid in the description; slip and fall accident – indicate any defect with the flooring or sidewalk, indicate weather conditions, indicate any other details which aid in the description.*

What property was damaged?: *Describe the property damaged. If County property, include serial # and location where damaged property is now located.*

List injured person(s) and nature of their injury: *List each person injured and a brief description of injury (i.e. broken leg or back pain).*

Contact Information: *Please provide the name, address, and phone number of the person(s) making the claim and injured person(s).*

Name, address and phone number of all witnesses: *Please provide the name, address, and phone number of the person(s) who witnessed the accident (include City employees).*

How was the claim reported?: *Please indicate whether the accident was reported in person or a notice was submitted via mail.*

Is there a Police Report?: *Self-explanatory.*

Signature: *Person completing this form.* **Title:** *Self-explanatory.*

Date: *Date the form was completed.*