



# Blount County Government Risk Management Incident Report

Today's Date: \_\_\_\_\_

Name of Employee notified: \_\_\_\_\_ Date/Time notified: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Weather conditions: \_\_\_\_\_

Department/Location of Incident: \_\_\_\_\_

Type of Incident (Check one):  
Injury (slip/trip/fall)      Loss/Damage to Property  
Vehicle Damage      Other

Was incident site inspected?    Yes    No      Were photos taken?    Yes    No

Claimant's Statement of Incident and events that caused incident: (Use additional sheet(s) if needed)

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Persons Injured?    Yes    No

Name:	Address:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Property Damage?    Yes    No

Description of Property Damage:

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Witnesses:

Name:	Address:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Police or EMS notified?    Yes    No      Risk Management notified?    Yes    No

Claimant's Signature (if possible) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE FAX COMPLETED COPY TO RISK MANAGEMENT @ 865-273-5778 OR EMAIL TO: [tipton@blounttn.org](mailto:tipton@blounttn.org) and [ljackson@blounttn.org](mailto:ljackson@blounttn.org). ANY QUESTIONS CALL 865-273-5770