

# RISK MANAGEMENT

## GENERAL PUBLIC INCIDENT REPORT

DATE \_\_\_\_\_

TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

NAME OF INJURED PARTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

SUPERVISOR IN CHARGE \_\_\_\_\_

INCIDENT DESCRIPTION \_\_\_\_\_

**WITNESSES:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

RISK MANAGEMENT NOTIFIED \_\_\_\_\_

SIGNED \_\_\_\_\_

**\*\*\*\*PLEASE FORWARD THIS REPORT TO RISK MANAGEMENT IMMEDIATELY\*\*\*\***

Risk Management  
Main # (209) 933-7110  
Fax # (209) 465-5765