INCIDENT REPORT - TWIN FALLS COUNTY

DATE OF OCCURRENCE: _____TIME_____ LOCATION:_____

CHECK ALL THAT APPLY: ☐ VEHICLE ____ ☐ INJURY____ ☐ PROPERTY _____ ☐ OTHER_____
Please specify

FOR SERIOUS INJURY, PROPERTY DAMAGE, OR THEFT, REPORT IMMEDIATELY

DESCRIBE INCIDENT IN DETAIL: (attach any additional documentation and use additional page if necessary)

_____
_____
_____

VEHICLE:

YEAR_____MAKE_____VIN#_____County Owned? _____ *If no,*
Owner's Name: _____Address:_____Ph:_____Police Report? _____
Reason for use_____
Driver_____Passengers_____

INJURY: (*For employment related injury, DO NOT USE THIS FORM; contact your supervisor regarding Worker Compensation*)

Name: _____ Age_____ Parent/Guardian_____ Contact Info: _____
Doctor or Treating Facility: _____PH_____
Extent of Injury_____

Name: _____ Age_____ Parent/Guardian_____ Contact Info: _____
Doctor or Treating Facility: _____PH_____
Extent of Injury_____

----Use additional pages if necessary-----

PROPERTY DAMAGE:

Owner_____Address:_____PH_____
Other insurance? _____ Company/Agent: _____policy#_____PH_____
Describe Property_____
Description of Damage_____Estimate of loss_____

OTHER:

_____

WITNESSES:

Name_____Address_____PH_____
Name_____Address_____PH_____
Comments:_____ _____

DESCRIBE THE CONDITIONS/ACTION THAT CAUSED OR CONTRIBUTED TO THE INCIDENT:

_____
_____

DESCRIBE THE ACTION(S) TAKEN TO PREVENT A RECURRENCE:

_____
_____

Photos taken of incident scene? _____

REPORTED BY- (Name) _____Date_____Time:_____
TITLE/DEPARTMENT _____Contact Info: _____

REPORT INCIDENTS PROMPTLY TO: SHANNON CARTER
Twin Falls County Risk Manager, P.O. Box 126, Twin Falls, Idaho 83303
PHONE: (208) 736-4068 FAX: (208) 736-4176 E-Mail: scarter@co.twin-falls.id.us

Providing this form is not an admission nor shall it be construed to be an admission of liability or acknowledgement of the validity of a claim by the County.

Legal requirements for filing claims can be found in Title 6, Chapter 9, Idaho Code. All claims must be filed promptly, in writing.