



Adair County Road & Bridge

Incident Report Form

Reporting Employee Information

Employee Name:	Date of Report:	Date & Time of Incident:
Names of all ACR&B Employees involved in incident:	Names of all other individuals involved in incident:	
Names of Witnesses (County Employees)	Names of Witnesses (Non Employee)	

Incident Details

Type of Incident

- Vehicle Damage – Damage to a County vehicle or damage alleged to have been caused by a County vehicle (e.g. windshield and window claims).
- General Liability – Loss or damage to non-County property (other than vehicles) as a result of County ownership (alleged defects in roads, buildings, etc.).
- Property Damage – Loss or damage of County property (other than vehicles).

Address or location (including nearest crossroad) of incident:	City & Zip Code:
Description of incident site (include specific details, weather conditions, road conditions, etc.)	
Did this incident result in personal injury to any individual? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Vehicle Damage Report

- County Owned Vehicle Third Party Ownership of Vehicle Multiple Vehicles (If damage to more than one vehicle, complete information for each vehicle – attach additional page if necessary)

Vehicle Make, Model & Year:	Vehicle License Number:
Driver of Vehicle:	Owner of Vehicle (if other than driver):
Address:	Address:
City, State & Zip:	City, State & Zip:

Description of Damage/Injury

Damage/Injury Description:

Was There a Report Written by an Officer?

Name of Officer:

Time of Report: