

County of Cumberland
INCIDENT REPORT

The filing of this incident report is not an admission of any liability on the part of the County or any of our employees. *(If this involves a County employee, please see County Policy #4.18 regarding worker's compensation and please complete & forward Occupational injury/illness reports to HR department immediately.)*

Date and Time of Incident: _____

Type of Property Damaged: _____

Please answer if this is a vehicle accident or incident? Yes/No

Location or address of incident: _____

Personal information/ Person or people involved in incident:

Name: _____ phone # _____

Address: _____ e-mail: _____

_____ employer: _____

Driver #1) Name: _____ phone# _____

Address: _____ e-mail: _____

_____ employer _____

Year/make/model of vehicle #1 _____

VIN No. _____

Insurance company of vehicle #1: _____

Driver #2) Name: _____ phone # _____

Address: _____ e-mail: _____

_____ employer: _____

Year/make/model of vehicle #2 _____

Insurance company of vehicle #2: _____

If this applies, see County Policy #4.05 regarding D.O.T. post-accident testing. _____

Exact cause of incident? Give detailed description: _____

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(Please supply **police report** if applicable together with copy of repair estimate and insurance policy declaration page to the Legal Dept. Please send this Incident report as soon as possible and then supply police report whenever it becomes available.)

List names & addresses of any witnesses and include any statements.

Name: _____ Name: _____

Address: _____ address: _____

contact phone or e-mail: _____ contact phone or e-mail: _____

Was medical treatment required? Yes/No _____

(If it involves a County employee, please see County Policy #4.18 regarding worker's compensation. Please complete & forward Occupational injury/illness reports to HR department.)

How was this incident reported? ___ County Employee witnessed incident
___ Claimant contacted County via phone
___ Claimant completed form in person
___ other _____

Indicate any corrective action taken to prevent further incidents. What steps have been taken to have this action completed? Has it been completed? _____

Diagram the physical layout of the location of the incident and how it occurred: *(attach police report if applicable)*

Date of Report: _____ signature of reporter _____

Signature of Supervisor or Department Head: _____ Phone # _____

Please attach as many sheets as necessary to provide complete information.

ROUTING INSTRUCTIONS:

Please forward immediately within 3 business days to all listed below: Date:

Cumberland County HR Dept. – Christian Luciano at HR@CumberlandCountyNJ.gov _____

County Counsel, Legal Dept. – John Carr but to the attention of Mae Peterson at
maepe@CumberlandCountyNJ.gov _____

Hardenbergh Insurance Group – at PEclaims@HIG.net _____

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