

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 street address of incident: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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](mailto:HR@CumberlandCountyNJ.gov) \_\_\_\_\_

County Counsel, Legal Dept. – John Carr but to the attention of Mae Peterson at  
[maepe@CumberlandCountyNJ.gov](mailto:maepe@CumberlandCountyNJ.gov) \_\_\_\_\_

Hardenbergh Insurance Group – at [PEclaims@HIG.net](mailto:PEclaims@HIG.net) \_\_\_\_\_

Rev 12/2024

County of Cumberland, HR & Legal Dept., 164 W. Broad St, Bridgeton, NJ 08302

“The County of Cumberland is a Public Entity and as such, claims filed against them are governed by the New Jersey Tort Claims Act, N.J.S.A. Title 59. Specifically, N.J.S.A. 59:9-2e, states that a public entity is not to pay for any damage that is recoverable by any other form of insurance.”

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