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: _____

Office Location or street address of incident: _____

Municipality: _____ State: Zip Code: _____

Personal information/ Person or people involved in incident:

Name: phone #
Address: e-mail:
employer:

Name: phone#
Address: e-mail:
employer

Name: phone#
Address: e-mail:
employer

Name: phone#
Address: e-mail:
employer

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

Name: phone #
Address: email:

Name: phone #
Address: email:

Name: phone #
Address: email:

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Exact cause of incident? Give detailed description: _____

_____

_____

_____

_____

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Supply **police report*** and diagram the physical layout of the location if applicable. (*Please send Incident Report as soon as possible and then supply police report whenever it becomes available.)

Was medical treatment required? _____ Yes _____ No _____

If incident 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? _____

_____

_____

_____

_____

_____

_____

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 attention of Mae Peterson at maepe@CumberlandCountyNJ.gov _____

☐ Hardenbergh Insurance Group – at PEclaims@HIG.net _____

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