

**ROCK COUNTY
VISITOR - ACCIDENT AND/OR INJURY REPORT**

CITIZEN INFORMATION

NAME: _____ D.O.B.: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

ACCIDENT/INJURY INFORMATION:

DATE ACCIDENT OCCURRED: _____

HOW DID ACCIDENT OCCUR: _____

WHERE DID ACCIDENT OCCUR: _____

TIME OF ACCIDENT: _____ A.M./P.M. WITNESSES: _____

(circle one)

WHO DID YOU FIRST REPORT ACCIDENT TO: _____

(Name)

WERE YOU INJURED? ___ YES ___ NO IF YES, DESCRIBE EXTENT OF INJURY(IES):

DID YOU SEEK EMERGENCY TREATMENT FOR THIS INJURY? ___ YES ___ NO

If yes, where: (Example, Janesville Mercy Emergency room) _____

WILL YOU SEE OR HAVE YOU SEEN A DOCTOR FOR THIS INJURY? ___ YES ___ NO

If yes, who is your doctor: _____

Clinic Affiliation: _____

DID THIS ACCIDENT INVOLVE EXPOSURE TO BLOOD/BODY FLUIDS? ___ YES ___ NO

(If yes, a Significant Exposure Form needs to be completed. Contact Human Resources at (608) 757-5520.)

FOLLOWUP TO ACCIDENT/INJURY

HOW DO YOU THINK THIS TYPE OF ACCIDENT COULD BE AVOIDED? _____

WAS THERE PROPERTY DAMAGE? ___ YES ___ NO. IF YES, DESCRIBE EXTENT OF
DAMAGE: _____

HAS THIS DAMAGE BEEN REPORTED: ___ YES ___ NO

WAS A MOTOR VEHICLE INVOLVED IN THE ACCIDENT? ___ YES ___ NO

AT THE TIME OF THE ACCIDENT, WERE SEATBELTS BEING WORN? ___ YES ___ NO

IS THERE A POLICE/SHERIFF REPORT ON FILE? ___ YES ___ NO

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS COMPLETED FORM TO:

ROCK COUNTY CORPORATION COUNSEL'S OFFICE
COURTHOUSE, 51 S. MAIN ST.
JANESVILLE, WI 53545.