

**FORM C**  
**MEDINA COUNTY INCIDENT FOLLOW-UP**

*To be completed by Supervisor or Manager*

**If Vehicle or Property Damage Complete Notice of Loss Form**

Name of person completing this report \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Name of Injured Person \_\_\_\_\_  County Emp.  Non-County Emp.

1) Describe the incident. **Be specific.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) When were you notified of incident? \_\_\_\_\_

3) Witnesses to Incident \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Phone (     ) \_\_\_\_\_  
\_\_\_\_\_ Phone (     ) \_\_\_\_\_

4) If physical injury occurred, please describe type and location of injury. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Did anyone seek medical treatment?  NO  YES If yes, where and when \_\_\_\_\_  
\_\_\_\_\_

6) Follow-up procedures to occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date Completed \_\_\_\_\_