

**Johnson County Board of Services
Johnson County Workshop
ACCIDENT/INCIDENT Report**

Person Injured/Involved in Incident _____

Date _____ Time _____ Location _____

Description of Accident: (Be Specific and write clearly.) _____

(Use back if more space needed.)

Report completed by _____ Date of Report _____

Witnesses _____

(Please report the accident to supervisor immediately and call emergency responders if needed.)

FOR SUPERVISOR USE:

- Please report to the appropriate authorities including the insurance company.
- Parent, Guardian or Group Home contacted (if applicable)?

Report verified by: _____ Date _____

Action Taken: _____
