



MARION COUNTY RISK MANAGEMENT

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Marion County Supervisor's Non-Employee Injury Report

(This report is to be completed by the Supervisor and forwarded to RM@marionsc.org within 24 hours of the employee being injured! Prepare one (1) form for each person involved.)

1. Injured Person(s):

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

SSN: ____ - ____ - ____ **Age:** ____ **DOB:** ____/____/____ **Sex:** Male: ____ Female: ____

Phone #: (Home) _____ (Work) _____

2. When and Where did the Accident/Incident occur?

Date: _____ **Time:** _____ AM PM **SUN MON TUE WED THU FRI SAT SUN**

Location of Accident/Incident: _____

What was the person's activity at the time of the injury? _____

Describe the injury - be as specific as possible: What areas of the body were affected; (i.e., arm, leg):

Was EMS or Rescue called? Yes ___ No ___ **Was First Aid offered?** Yes ___ No ___ **Was First Aid**

accepted? Yes ___ No ___ **Did the person refuse First Aid or request that EMS not be called?**

Yes ___ No ___ *If the person refused First Aid or Medical assistance, have the individual sign this form.*

The person's signature only verifies that assistance was offered and declined. It does not prohibit the person from seeking medical assistance at a later time!

(Injured person's Signature)

Was the individual transported by EMS or Rescue to an Emergency Room or Medical Facility? Yes ___

No ___ **What facility was the person transported to?** _____

3. Have the individual completely describe what happened! (Use additional pages if necessary): _____

4. List all witnesses (both public and County employees) that saw the accident/incident occur: (Provide the name, address and phone numbers for the witnesses!) (Use additional pages if necessary):

5. Describe the scene of the accident/incident from the Supervisor's observations. (Provide as much detail as possible - Use additional pages if necessary): _____

6. Contributing factors to the accident/incident:

Lighting: Day___ Night___ Twilight___ Artificial___ Other (explain)_____

Weather: Rain___ Snow___ Cold___ Hot___ Fog___ Storms___ What type of storm? _____

Other (explain) _____

Medical Aids: Glasses___ Braces___ Hearing Aid___ Wheel chair___ Walker___ Cane___ Other (explain type medical aid that may have contributed to the accident/incident): _____

Did the person have a medical condition (i.e., heart condition, stroke, diabetes, etc) that may have contributed to the accident/incident: _____

Did the person's clothing contribute to the accident? Yes___ No___ **Was the clothing too loose or fit too tight for the activity the person was conducting?** Yes___ No___ **Explain how the clothing contributed to the accident/incident:** _____

Did any of the following contribute to the accident? Shoes___ Skates___ Jacket___ Jewelry___ Hat___ Horseplay___ Alcohol___ Other (specify)_____

(Signature and Date of Person Completing Report) _____ (Signature and Date of Person Assisting with Report) _____

(Department/Agency Head Review)(Signature) _____

Date _____