

LUCAS COUNTY INCIDENT/ACCIDENT REPORT-NON INJURY ONLY (To be completed by the employee and supervisor, or by non-employee)

Name: _____ Assigned Incident # _____

Department (If applicable): _____

Location of Incident: _____

Incident Date: _____ Time: _____ A.M. P.M.

Date Reported: _____ To Whom: _____

Description of Incident: _____

Witness(es):(Name / Address / Phone) _____

Property/Equipment Damage: (Please include location and description) County Property Yes No

Vehicle Description: Year, Make, Model, VIN# _____

Reporter's Signature: _____ Date: _____

Address: (If non-employee) _____

Phone Number: _____

Employee's Signature: _____

Email Copy as follow to: **HealthSafetyIncidents@co.lucas.oh.us**