

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
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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