

Columbia County Risk Management
Claim Reporting Form

Division:	Department:
Date:	Time:
Address:	
Or Road of Occurrence:	At it's intersection with:

EMPLOYEE / CIVILIAN INFORMATION

Person #1	Person #2
Name:	Name:
Employee: Y / N	Employee: Y / N
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone #:	Phone #:
Injured: Y / N	Injured: Y / N
Injured taken to:	Injured taken to:
Describe Injury:	Describe Injury:
Witness(es):	
Photos Taken: Y / N	

PROPERTY DAMAGE

Owner #1	Owner #2
Name:	Name:
County Property: Y / N	County Property: Y / N
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone #:	Phone #:
Describe Property:	Describe Property:
Witness(es):	
Describe What Happened?	
Photos Taken: Y / N	
Report by:	Position:
Contact #:	Date sent to Risk Management: