LaSalle County
Non-Employee Incident Report

DATE OF REPORT:_____ DATE/TIME OF INCIDENT:_____ ____a.m. ___p.m.

INDIVIDUAL'S NAME:_____ DATE OF BIRTH:_____

INDIVIDUAL'S ADDRESS: _____

PHONE #: Home_____ SSN: _____-_____-_____

SPECIFIC LOCATION OF INCIDENT:_____

LIST NAMES/ADDRESSES OF WITNESSES AT THE SCENE OF THE INCIDENT, if applicable:

_____

_____

DESCRIBE IN DETAIL WHAT HAPPENED (use reverse side of form if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

IF INJURED, PLEASE CHECK ALL THAT APPLY:

TYPE OF INJURY	BODY PART INJURED		DISPOSITION
___laceration	___left	___right	___treated in ER
___abrasion	___upper	___lower	___treated by Doctor
___puncture	___head/eye	___neck	___treated on Site
___burn	___chest	___abdomen	___ _____
___fracture	___arm	___shoulder	
___strain/sprain	___foot/toe	___leg/ankle	
___contusion/bruises	___knee	___hand/finger	
___bite	___ _____		
___rash			
___loss of consciousness			
___ _____			

WAS MEDICAL TREATMENT RECEIVED FOR THE ABOVE-MENTIONED INJURY? ____Yes ____No

IF YES, NAME & ADDRESS OF PHYSICIAN/HEALTH CARE PROFESSIONAL:_____

_____

_____ Received by :___

Signature Name/Department