

## INJURY REPORT POLICY FOR NON-EMPLOYEES

### POLICY

Black Hawk County seeks to keep records of any accidents or incidents occurring on county-owned property that result in injury to members of the public. (Injuries to county employees are addressed in the Black Hawk County Health and Safety Program.) The County will follow the reporting procedures outlined herein for all accidents/incidents resulting in injury, whether or not it appears at the time that the County is liable.

### SCOPE

This policy is applicable to all offices and departments within the County, insofar as it does not conflict with the Code of Iowa.

### PROCEDURES/REQUIREMENTS

1. If the individual injured requires immediate medical attention, representatives of the county department first on the scene will contact emergency services and will fill out a copy of the attached Black Hawk County Non-Employee Injury Report Form. Only properly certified individuals should attempt to provide medical assistance.
2. If the individual injured does not require immediate medical attention, representatives of the county department first on the scene will ask the injured party for the information requested on Part One of the attached Black Hawk County Non-Employee Injury Report Form.
3. If the county department involved is in the Courthouse, the completed Report Form will be delivered to the Administrative Aide in the Board Office, where it will be both faxed to the county's insurance agents and filed.
4. If the county department involved is not in the Courthouse, the completed Report Form will be faxed to the Administrative Aide in the Board Office.
5. Delivering the report form to the county's insurance agent in no way implies that the county assumes any responsibility for an injury.

# **BLACK HAWK COUNTY NON-EMPLOYEE INJURY REPORT FORM**

**This is an injury report form for record-keeping purposes only. Please complete the form and deliver it to the Administrative Aide in the Board Office if your department is in the Courthouse. If your department is not in the Courthouse, please fax the completed report form to the Board of Supervisors' Office at 833-3070.**

## PART ONE - INJURED PARTY INFORMATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME OF INCIDENT \_\_\_\_:\_\_\_\_ AM / PM TIME NOTIFIED \_\_\_\_:\_\_\_\_ AM / PM

**INJURED PARTY NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SOC.SEC.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PHONE NUMBERS: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WAS AMBULANCE CALLED? YES        NO        OFFERED? YES        NO        VICTIM'S RESPONSE: YES        NO

LOCATION OF INCIDENT \_\_\_\_\_

EXTENT & TYPE OF INJURY \_\_\_\_\_

**NARRATIVE** (Explain what happened, how victim was removed from scene, where taken, any treatment given at scene,

any other pertinent information - use back of form if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND ADDRESS OF VICTIM'S HEALTH INSURANCE CO.

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**PART TWO – TO BE COMPLETED BY COUNTY EMPLOYEE REPORTING INCIDENT**

#### ASSESSMENT OF CONDITIONS WHICH CONTRIBUTED TO INJURY

SIGNATURE OF REPORTING PARTY \_\_\_\_\_

ADDRESS AND PHONE NUMBER OF REPORTING PARTY \_\_\_\_\_

NAME, ADDRESS, PHONE OF WITNESSES \_\_\_\_\_

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