



DEPARTMENT OF LAW and RISK MANAGEMENT  
 COUNTY OF SUMMIT  
 175 S. MAIN STREET, 8<sup>th</sup> FLOOR  
 AKRON, OHIO 44308  
 330.643.7893 • FAX: 330.643.2507

# INJURY/PROPERTY DAMAGE REPORT

CLAIM NUMBER

THIS IS A CONFIDENTIAL INTERNAL DOCUMENT

TIME & PLACE	DATE/TIME OF INCIDENT	LOCATION	STREET	CITY (BE SPECIFIC)	
PREMISES CONDITION	TYPE OF PREMISES		CONDITIONS		
	<input type="checkbox"/> CONSTRUCTION SITE <input type="checkbox"/> HALLWAY <input type="checkbox"/> LOBBY/ENTRANCE <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER (EXPLAIN):	<input type="checkbox"/> PARKING LOT <input type="checkbox"/> SIDEWALK <input type="checkbox"/> STAIRWAY <input type="checkbox"/> STREET	<input type="checkbox"/> DRY <input type="checkbox"/> ICY <input type="checkbox"/> SNOWY <input type="checkbox"/> WET	<input type="checkbox"/> UNEVEN SURFACE <input type="checkbox"/> OTHER (EXPLAIN):	REPORTED TO POLICE DEPARTMENT:  POLICE REPORT NUMBER (ATTACH REPORT):  <input type="checkbox"/> NOT REPORTED
	INCIDENT DESCRIPTION				DESCRIBE WHAT HAPPENED
INJURED PERSON	NAME		AGE	PHONE NUMBER	
	ADDRESS STREET		CITY/TOWN	STATE	
				ZIP CODE	
DESCRIPTION OF INJURY	INJURY-DESCRIBE THE TYPE, SEVERITY, AND BODY PART INVOLVED				
	WAS MEDICAL TREATMENT GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WILL SEEK TREATMENT LATER				
	NAME OF MEDICAL FACILITY/DOCTOR		<input type="checkbox"/> TRANSPORTED BY AMBULANCE <input type="checkbox"/> TRANSPORTED BY OTHER:		
PROPERTY DAMAGE	OWNER'S NAME	ADDRESS	PHONE NUMBER		
	DESCRIBE THE PROPERTY AND THE DAMAGE			ESTIMATED REPAIR/REPLACEMENT COST	
WITNESSES GIVE THE FULL NAME & ADDRESS OF EACH WITNESS	NAME	ADDRESS	PHONE NUMBER		
CLAIMANT/ EMPLOYEE COMPLETING THIS REPORT SIGN HERE ►				PHONE	
PRINT NAME/TITLE				DEPARTMENT/OFFICE	

THIS FORM MUST BE COMPLETED AND SUBMITTED BY EMPLOYEE WITHIN 24-HOURS OF INCIDENT TO THE DIRECTOR OF THE DEPARTMENT OF LAW AND RISK MANAGEMENT

SEE EMPLOYEE INSTRUCTIONS ON BACK



## INSTRUCTIONS FOR COMPLETION OF INJURY/PROPERTY DAMAGE REPORT

1. Assist the individual and call 911, if emergency medical assistance is needed.  
Report all serious injuries and safety hazards to local police and the Department of Law and Risk Management at 330.643.7893.
2. The Summit County Employee involved in, observing or discovering the injury/property damage is responsible for completing this report.  
Relate only the facts on this form-do not give this form to the injured person to complete.  
Do not contact the injured person later to obtain information.  
Be observant-attempt to get as much information as possible at the time of the incident.
3. Do not discuss the accident with anyone-except the police authority and the Department of Law and Risk Management.  
The Department of Law and Risk Management will coordinate the resolution of claims. Refer all questions regarding status of claims to the Department of Law and Risk Management.
4. After completion, please forward this form within 24-hours of incident to Mr. Tim Crawford, Department of Law and Risk Management, fax (330.643.2507) or e-mail (tcrawford@summitoh.net).

**COUNTY OF SUMMIT**  
**THE DEPARTMENT OF LAW and RISK MANAGEMENT**  
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