Citizen Injury Report

Please email a completed copy to risk.management@maconbibb.us

Person Involved _____ Last Four of Social Security # _____

Complete Home Address_____

Date of Birth _____ () Male () Female Marital Status _____

Home Telephone _____ Other/Cell _____ Employer _____

Accident Date _____ Accident Time _____ AM or PM

On County Premises () Yes () No Date Bibb County First Aware _____

Exact Location of Accident/Incident _____

Part(s) of Body Affected _____

Physical Description of Person Involved _____

Accident Reported to _____

Hospitalized () Yes () No Treatment by _____

Ambulance _____ Medical Facility_____

Describe Exactly What Happened: (Before, during and After the Accident/Incident; use back of form for additional space)

_____

_____

_____

Describe Physical Surroundings: (Nearby handrail, walking surface, weather, etc.)

_____

_____

_____

Witnesses: (Include Name, Address, Phone Number, Statement – use back of form for additional space)

_____

_____

_____

Citizen's Signature: _____ Date: _____

Macon-Bibb County Official: _____ Date: _____

Risk Management: _____ Date: _____