

**SMITH COUNTY ACCIDENT/INJURY REPORT**

**\*\*MUST BE COMPLETED AND SENT TO HUMAN RESOURCES WITHIN 24 HOURS OF THE ACCIDENT OR INJURY\*\***

**Date of Accident:** \_\_\_\_\_ **Time of Accident:** \_\_\_\_\_

**Employee Involved:** \_\_\_\_\_  
**(PRINT NAME)**

**Employee Statement of facts resulting in accident:**

**\*\*Please Print\*\***

---

---

---

---

---

---

**Part of Body Injured or Exposed:**

---

**Was Medical Attention Needed? If so, where:**

---

---

**Return to Work Date/or Expected Date:** \_\_\_\_\_

**Witness(s):** \_\_\_\_\_

**Witness statement:**

---

---

---

**Supervisor(s) statement:**

---

---

---

**What specific action will be taken or implemented to prevent this type of accident?**

---

---

---

**Traffic Accident: Yes \_\_\_ No \_\_\_** **Police Called: Yes \_\_\_ No \_\_\_**

\*\*\*\*\*

Department Name \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

**Received by Human Resources:** \_\_\_\_\_

Human Resources email: [personnel@smith-county.com](mailto:personnel@smith-county.com) or [jcollins@smith-county.com](mailto:jcollins@smith-county.com)