

**Orangeburg County  
PRELIMINARY INCIDENT REPORT**

Near Miss     
  Damaged Property     
  Lost Property     
  Stolen Property  
 Vandalism     
  Vehicle Accident     
  Injury / Illness     
  Irate/Threatening Person

Date of Incident: (mm/dd/yyyy)

Time of Incident: (HH:MM)

Employee's Name:

Witnesses / Others Involved:

Exact Location:

If Injury, exact body part affected:

If County Vehicle Involved, Vin and License Plate#: Vin#

LicPlate#

Immediate Supervisor Notified: Date(mm/dd/yyyy)

Time:

By: \_\_\_\_\_

Department Head Notified: Date(mm/dd/yyyy)

Time:

By: \_\_\_\_\_

**EXPLAIN WHAT HAPPENED - *the facts of the incident (Be specific - provide details):***

**EXPLAIN WHY and/or HOW IT HAPPENED - *what caused it (Be specific):***

**RECOMMENDATIONS TO PREVENT THIS IN THE FUTURE (Be specific):**

Report completed by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_