



# CITIZEN INCIDENT /ACCIDENT REPORT

## GRAYSON COUNTY TEXAS

(Use for Non-Employee Citizens)

**FOR OFFICE USE ONLY:**

Scanned & emailed to TAC: \_\_\_\_\_

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

### SECTION A: PERSONAL INFORMATION OF INJURED PERSON

TODAY'S DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Gender:  Male  Female Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ am pm (circle) Location: \_\_\_\_\_

Who did citizen initially reported to? \_\_\_\_\_ Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_

### SECTION B: ACCIDENT INFORMATION

Exactly where did the incident occur? \_\_\_\_\_

What was the purpose of the visit to the Courthouse or other County property? \_\_\_\_\_

Describe exactly what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the location of injured body part and describe the nature and extent of the injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any physical conditions that may have contributed to the accident (i.e. lighting, wet floor, etc):

\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: WITNESS INFORMATION**

Were there any witnesses to this accident/injury? \_\_\_ NO \_\_\_ YES – Give names: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E: MEDICAL TREATMENT**

Was first aid rendered onsite? \_\_\_ NO \_\_\_ YES – Describe: \_\_\_\_\_

\_\_\_\_\_

Did County staff offer to call an ambulance or other medical care/transport?  YES  NO

What was citizen's response? \_\_\_\_\_

\_\_\_\_\_

Does Citizen state he/she intends to seek medical treatment following the accident?  NO  YES Where? \_\_\_\_\_

\_\_\_\_\_

**SECTION F: REPORT SUBMITTED**

Documented this date, \_\_\_\_\_ by \_\_\_\_\_ Signature \_\_\_\_\_  
(Date) (Print) (Sign)

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**GRAYSON COUNTY INSURANCE CARRIER INFORMATION**

**TEXAS ASSOCIATION OF COUNTIES**

**DIVISION OF RISK MANAGEMENT**

**SUSANN HONAKER**

**800.456.1459**

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