

**County of Gloucester  
Human Resources Manual**

<b>CHAPTER:</b>	<b>8 – SAFETY AND SECURITY</b>	<b>ADOPTED: 3/7/06</b>
<b>SECTION:</b>	<b>4 – INCIDENTS INVOLVING COUNTY PROPERTY</b>	<b>REVISED: 1/30/24</b>

**EXHIBIT W – NOTICE OF ACCIDENT/INJURY FORM**

*\*\*\*To be completed in the event of an automobile accident, injury, incident on County premises or a County sponsored event. \*\*\**

**Upon notification of an accident, immediately call Safety/Risk Management at 856-853-3268.**

**Complete this form and email within 1 business day to: [safety@co.goucester.nj.us](mailto:safety@co.goucester.nj.us)**

**Please indicate what type of accident happened:**

**-Auto accident**

**-Damage to property of others**

**-Injury to others on County Property**

**-Other**

**Department:**

**Date and time of accident:**

**Where did the accident occur (location, building, road etc.)?**

**Describe the accident and include the weather conditions:**

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**Describe any County property that was damaged: Vehicle year, make and model:**

## **VIN (vehicle identification number) and license tag number**

**Who was driving County vehicle:**

**Other person involved:** Owner name and address. Description of property damage.

**List injured person(s) and nature of their injury:**

**Contact Information (Name, address, and phone number of all parties involved):**

**Name, address, and phone number of all witnesses:**

## How was the claim reported?

**Is there a Police Report? Yes No If yes, please attach.**

**Signature:**

Title:

Date:

*Please use another sheet of paper for any additional comments or information and if pictures were taken at the scene of the accident, please include with form.*

### **Instructions on Completing the Notice of Accident Form**

**Although we would like as much detail as possible, it is more important to provide us with the notice of accident as soon after the accident is reported to you.**

**Date and time of accident:** *Please indicate the date and time the accident occurred, not the date it was reported.*

**Where did the accident occur?:** *Please state the complete location address of the accident. If it is an auto or general liability (i.e. slip and fall) accident include cross streets. If the accident occurred within a building, include the floor and room.*

**Describe the accident:** *Please give a detail account of the events that led to the accident. (i.e. auto accident – indicate the weather conditions, indicate which party caused the accident, indicate any other details which aid in the description; slip and fall accident – indicate any defect with the flooring or sidewalk, indicate weather conditions, indicate any other details which aid in the description.*

**What property was damaged?:** *Describe the property damaged. If County property, include serial # and location where damaged property is now located.*

**List injured person(s) and nature of their injury:** *List each person injured and a brief description of injury (i.e. broken leg or back pain).*

**Contact Information:** *Please provide the name, address, and phone number of the person(s) making the claim and injured person(s).*

**Name, address and phone number of all witnesses:** *Please provide the name, address, and phone number of the person(s) who witnessed the accident (include City employees).*

**How was the claim reported?:** *Please indicate whether the accident was reported in person or a notice was submitted via mail.*

**Is there a Police Report?:** *Self-explanatory.*

**Signature:** *Person completing this form.* **Title:** *Self-explanatory.*

**Date:** *Date the form was completed.*