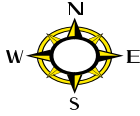


APPENDIX "D"

RICHLAND COUNTY

Accident and Injury Report

INJURED PERSON			
Name:		County Employee?	
Address:		City & State:	Zip Code:
Age:	Home Phone:	Work or Cell Phone:	
Parent or Guadian (if under 18):		Parent or Guardian Phone:	
ACCIDENT INFORMATION			
Date:	Time:	Indoors or Outdoors:	
EXACT Location Of Accident:			
Description Of Accident & Diagram (If involving a motor vehicle):			
			
INJURY INFORMATION			
Detailed Description of Injury:			
Ambulance Required?	First Aid Required?	Type of First Aid Required:	
Name & Address of Person Administering First Aid:			
Professional Care Required?	Name of Doctor & Facility:		
Could Injury Have Been Prevented? How?			
WITNESSES			
Name/Address/Phone:			
Signature & Title (of person completing report):			Date: