

**HANCOCK COUNTY INJURY REPORT  
(NON-EMPLOYEE)**

*(Forward Completed Form to hancock-hr@hancockin.gov)*

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM COMPLETED BY:** \_\_\_\_\_

**LOCATION OF INJURY/ACCIDENT:**  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF ACCIDENT/INJURY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF INJURY:**  
\_\_\_\_\_

**WITNESS(ES) TO ACCIDENT:**  
\_\_\_\_\_

**COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_