

**ORANGE COUNTY**  
**First Report of Injury Incident**

**EMPLOYEE / NON-EMPLOYEE INFORMATION**

Orange County Employee

Visitor / Guest

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Who Reported Incident: \_\_\_\_\_

1) Name of Injured Person: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dept/Division(OC Employee): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Location of Incident: \_\_\_\_\_

Cause of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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

3) Photos Attached: Yes  No

4) Taken to Hospital or Refusal: \_\_\_\_\_

Person Completing Incident Report: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Reported: \_\_\_\_\_

**HIPAA - Privacy Rule - What Information Is Protected:**  
Information your doctors, nurses, and other health care providers put in your medical record. Conversations your doctor has about your care or treatment with nurses and others. Information about you in your health insurer's computer system. Billing information about you at your clinic. Most other health information about you held by those who must follow this law.