



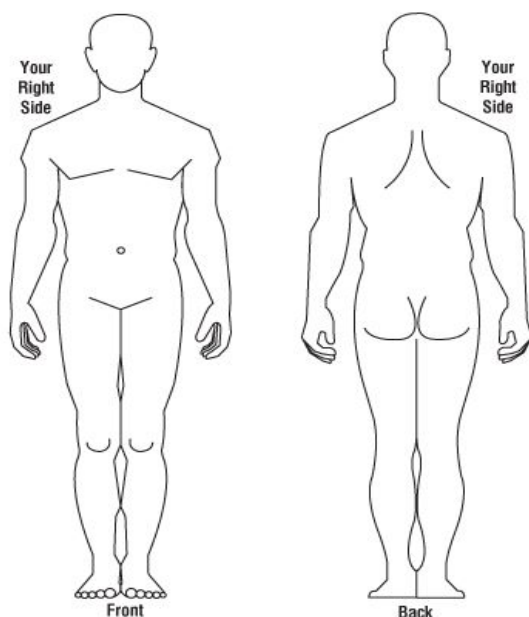
## ACCIDENT/INCIDENT INVESTIGATION REPORT

1. Employee Name/Job Title/Phone Number	2.                      Property Damage                      Non-Employee/ City Property Accident /Injury                      Theft	
3. Assigned department	4.    Date Occurred                      Time Occurred	
5. Location & Address incident occurred	6.    Date Reported                      Time Reported	
7. Supervisor of Employee		
8. Name & Phone #'s of Witness(es) (City Employees)		9. Name(s), Address(es) & Phone #'s of Witness(es)(if not City Employees)
10. Supervisor at time of incident (If different from above)		
11. Describe step by step what led up to the incident occurring. If injury(ies) were sustained, what parts were injured? If property damage, where is the damage located? <i>*Please refer to body diagram on page 2 to specify body parts affected.</i>		
12. Describe what caused the incident to occur.		
13. Medical Attention: <b>Received</b> <b>Refused</b> <b>Initials</b>		
14. Type of equipment/tools being used at time of incident or Unit # of vehicle involved (If applicable)		
15. Recommended corrective action to prevent re-occurrence:		
<b><i>All accidents/incidents are reported to the City's insurance provider and will prompt a worker's compensation claim, if applicable.</i></b>		
16	17	18
Department Director Signature	Supervisor Signature	Employee Signature

19. Initial Report \_\_\_\_\_ Final Report \_\_\_\_\_ Date \_\_\_\_\_

***This report must be submitted to Human Resources within 24 hours of incident.***

**Part of body affected: (circle all that apply)**



**Nature of injury: (circle all that apply)**

Abrasion, scrapes  
Amputation  
Broken bone  
Bruise  
Burn (heat)  
Burn (chemical)  
Concussion (to the head)  
Crushing  
Injury  
Cut, laceration, puncture  
Hernia  
Illness  
Sprain, strain  
Damage to a body system  
Other: \_\_\_\_\_

## ***Instructions for the use of the Accident Investigation Form***

Line 1. Enter the name, job title and phone number of the employee or person involved in the incident. This will address the question, “**Who** was the employee involved in the accident/property damage?”

Line 2. If the incident involves property damage, check “**Property Damage**”. If an employee or person was injured due to the incident, check “**Accident/Injury**”. If a non-employee was injured and/or property that does not belong to the City was damaged, check “**Non-Employee/Not City Property**”. You may check more than one box depending on the situation.

If the incident involves an **accident/injury**, written statement(s), photos of the accident/injury must be accompanied by this form. If the incident involves **property damage**, a police report, written statement(s) and photos must be accompanied by this form. If you are ever unsure as to whether an incident might require a police report, please contact your Department Head and/or the Safety Coordinator.

Line 3. Select the employee’s home department using the drop down box.

Line 4. Enter the exact date and time the incident occurred. This will address the question, “**When** did this happen?”

Line 5. Enter the exact location and address where the incident occurred. Please be as specific as possible. This will address the question, “**Where** did this happen?”

Line 6. Enter the exact date and time the incident was reported to the employee’s immediate supervisor or the supervisor on duty at the time of the incident.

Line 7. Enter the name of the employee’s immediate supervisor.

Line 8. List the names and phone numbers of everyone who witnessed the incident. Please ask that they submit a written statement of what they witnessed.

Line 9. If the witness(es) is not a city employee, please ask for an address and phone number where we may contact them in the event any additional information is needed.

Line 10. If the employee was working under the direction of a supervisor that is not his immediate supervisor, list the name of that supervisor in this line. If the employee was working under the direction of their own supervisor, write N/A, for “not applicable.”

Line 11. Describe the incident as clearly and specifically as possible. In this line you will answer the questions, “What happened and How did it happen?”

Line 12. In this line please give specific details about the cause of the incident. In this line you will answer the question, “Why did this happen?”

Line 13. In reference to medical attention: If the person went to the doctor or the emergency room immediately after the incident occurred, check the box “Received.” If the person chose not to seek any medical attention, check the box “Refused.” Please make sure the employee initials this section.

**Note:** Please keep in mind instances where your decision overrides the employees. We cannot force anyone to seek medical attention if they refuse, UNLESS they have any of the following symptoms:

- Severe Chest Pain
- Traumatic injuries
- Loss of consciousness or severe dizziness
- Any other emergency situation

Line 14. The type of equipment/tools being used, or that was the cause of the incident/injury is required. If there was a city vehicle involved in the incident, or was damaged in any way, the unit number or vehicle number must be documented.

Line 15. This line is for any corrective action that the department has taken or recommends based on the incident.

Line 16. The department director signature is **required** on the report to ensure that they are aware of the incident/occurrence.

Line 17. The supervisor signature who filled out the report is **required**.

Line 18. The employee signature involved in the accident/incident is **required**.

Line 19. Please specify if this is an initial or final report by checking either box on this line accordingly. If it is the first report that is being submitted for the incident, it is the initial report.

**Before submitting this form, please make sure that the “Five W’s” and “H” have been addressed: (Who, What, When, Where, Why and How)**