



**ACCIDENT INVESTIGATION FORM**

EMPLOYEE NAME \_\_\_\_\_ YRS. EMPLOYED \_\_\_\_\_ PHONE (W) \_\_\_\_\_

JOB TITLE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**ACCIDENT DETAILS**

EMPLOYEE INJURED?  YES  NO

DATE OF ACCIDENT \_\_\_\_\_ LOCATION \_\_\_\_\_

TIME OF ACCIDENT \_\_\_\_\_ LOST TIME  YES  NO [HOURS/DAYS] \_\_\_\_\_

DESCRIBE INJURIES \_\_\_\_\_

DOCTOR/HOSPITAL \_\_\_\_\_

DESCRIBE HOW ACCIDENT OCCURRED \_\_\_\_\_

WAS EQUIPMENT/PROPERTY DAMAGED  YES  NO DESCRIBE DAMAGE \_\_\_\_\_

IF VEHICLE WAS DAMAGED: VEHICLE NUMBER \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_

WERE ANY UNSAFE CONDITIONS PRESENT? (BAD TIRES/BRAKES, POOR VISIBILITY, WET PAVEMENT, ETC.) \_\_\_\_\_

TO PREVENT A RECURRENCE WHAT ACTION HAS BEEN TAKEN \_\_\_\_\_

EMPLOYEE'S STATEMENT OF RESPONSIBILITY  NONE  PARTIALLY  TOTALLY EXPLAIN \_\_\_\_\_

SUPERVISOR'S STATEMENT OF RESPONSIBILITY  NONE  PARTIALLY  TOTALLY EXPLAIN \_\_\_\_\_

NAME OF OWNER OF OTHER PROPERTY/VEHICLE DAMAGED \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

