



**Supervisors Accident Investigation Report
Incident Report Page 1**

Instructions: *(Fill out all fields use N/A if not applicable)*

Page 1 Incident Report-For any incident send the completed first page and attached witness forms to HR and Purchasing within 24 hours.
 Page 2 Injury Investigation If there is an injury involved send the completed form to HR and Purchasing within 48 hours.
 Page 3 Motor Vehicle Accident If there is a motor vehicle accident send completed form to HR and Purchasing within 48 hours.
 Page 4 Witness Forms Send to HR and Purchasing within 24 hours. Attach to page 1 if possible.

1. Report Date and time:		
2. Incident Date and Time:		
3. Incident Type:	<input type="checkbox"/> Work related injury, <input type="checkbox"/> Non-employee injury, <input type="checkbox"/> Motor vehicle accident, <input type="checkbox"/> Damage to Property, <input type="checkbox"/> FYI Report (for information only) <input type="checkbox"/> Other	
4. Drug Screen Status:	<input type="checkbox"/> Completed, <input type="checkbox"/> Not completed, <input type="checkbox"/> Not required, <input type="checkbox"/> Pending, <input type="checkbox"/> Not Applicable	
5. Police Agency /Report #:		
6. Supervisors Name/Dept.:		
7. Supervisors Phone#:		
8. Employee Name and ID#:		
9. Employee Job Title:		<input type="checkbox"/> Full Time, <input type="checkbox"/> Part Time, <input type="checkbox"/> Contract
10. Employee Dept. /Agency:		
11. Incident Location: <i>(Describe the specific building, road, shop, etc. where the incident occurred)</i>		
12. Incident Description: <i>(Describe the incident in full detail use additional pages if necessary)</i>		
12b. List the names of all employees and or witnesses involved: <i>include their contact information)</i>		
Supervisors Signature: (Supervisor who is submitting this report)		
Attachments: <i>(List any witness forms, photographs or documents attached to this report)</i>		



Supervisors Accident Investigation Report

Injury Report Form Page 2

Fill out a separate form for each injured party

1. Incident Date/Time:			
2. Incident Location:			
3a. Name:			
3b. Address:			
3c. Phone#:			
3d. Employee Information:	Employee ID#:	DOB:	Date of Hire:
4. Police Agency/Report #:			
5. Drug Screen Status:	<input type="checkbox"/> Completed, <input type="checkbox"/> Not completed, <input type="checkbox"/> Not required, <input type="checkbox"/> Pending, <input type="checkbox"/> Not Applicable		
6. Report by:			

7. Treatment Information (Describe):	<input type="checkbox"/> Transported by ambulance, <input type="checkbox"/> Treated by medical personnel, <input type="checkbox"/> Refused treatment, <input type="checkbox"/> Other
8. What was the person doing immediately before the accident? <i>(Describe the activity as well as any tools or equipment being used):</i>	
9. List all tools or equipment being used <i>(i.e. saw, broom, mop, forklift, etc.):</i>	
10. Part(s) of the body that are affected (Have the injured employee describe all areas in which they are feeling pain and describe the type of pain):	
11. Describe the injury in as much detail as possible.	



**Supervisors Accident Investigation Report
Motor Vehicle Accident Page 3**

1a. City Vehicle ID# and Tag #:	1b. City Vehicle VIN#:
1c. City Vehicle Make and Model:	1d. Date of Last Vehicle Inspection:
2a. Employee Driver Name:	2b. Employee Driver Department:
2c. Employee DL#: (attach copy to this report)	2d. Employee CDL #: (attach copy to this report)
3a. Police Agency and Report #:	3b. Citations for this incident:
4. Name, Department, Job Titles of passengers:	
5. Other vehicle(s) involved (year, make, model, license plate #):	
6. Other driver's name and contact information: (attach a copy of insurance information if possible)	
7. Name and contact information of all passengers in other vehicle:	
8. Any damage to other vehicle, please describe:	
9. Any parties transported via ambulance, if so who?	



SMALL TOWN, BIG BEACH™

EMPLOYEE/WITNESS STATEMENT
A separate form is required for each witness

Date/Time of Incident: _____

Location of Incident: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Description of Incident (What happened?):

Please list any witnesses: (Name, phone number, etc.):

The undersigned hereby certifies that they are a witness to the events described and that the above information and statement is true, accurate, and factual.

Person making witness statement name:

Witness to signature name:

Person making witness statement signature:

Witness to signature signed:

Date:

Date: