Accident / Incident Investigation Report

City of South Padre Island
4601 Padre Blvd.
South Padre Island, TX 78597
Phone: (956) 761-8140
Fax: (956) 761-3888

Instructions: Employees shall use this form to report all work-related accidents or incidents, no matter the severity.

General Information

This is a report of a work-related:

☐ Injury ☐ Incident

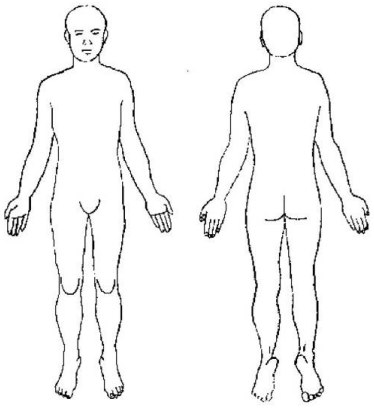
Employee Name: _____

Department: _____

Date of Occurrence: _____ Time of Occurrence: _____

Part of Body Affected

Indicate all of the affected areas that apply.



Type of Injury

- ☐ Abrasion / Scrape
- ☐ Amputation
- ☐ Broken Bone
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Concussion
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ Damage to body system
- ☐ Hernia
- ☐ Cut / Laceration / Puncture
- ☐ Illness
- ☐ Sprain / Strain
- ☐ Exposure
- ☐ Crushing Injury
- ☐ _____
- ☐ _____
- ☐ _____

City Vehicle Information

VIN# : _____

License Plate #: _____

Unit # : _____

Make,Model, Color : _____

Estimated damage: $ _____

Repair in-house: ☐ Yes ☐ No

Was the accident reported to the Police Department?

☐ Yes Agency's Name: _____

☐ No Case # : _____

Type of Damage

- ☐ Front of Vehicle
- ☐ Back of Vehicle
- ☐ Right Side of Vehicle
- ☐ Left Side of Vehicle
- ☐ Tire(s) of Vehicle
- ☐ Other _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

** Must attach any supplemental information you may have including pictures, repair estimate quotes, police report, etc.

Please submit to the Human Resources Division.

Form Number: IH0019
Last Updated: 11/29/22

Description of the Accident / Incident

Location: Where, exactly, did the accident / incident occur? _____

_____

Full accident / incident details: Include any events leading to or immediately following the incident, the type of work being performed and any special equipment or tools being used.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Have you experienced unsafe acts or conditions prior to this accident / incident? ☐ Yes ☐ No

Causes of the Accident / Incident

Using the list below, please identify the cause(s) or potential cause(s) that contributed to this accident / incident. Check all that apply.

- ☐ Improper Instruction
- ☐ Lack of training or skill
- ☐ Operating without authority
- ☐ Horseplay
- ☐ Physical or mental impairment
- ☐ Failure to use proper personal protective equipment
- ☐ Unsafe clothing
- ☐ Improper use of equipment
- ☐ Failure to use available tools / equipment
- ☐ Improper maintenance
- ☐ Unsafe / defective tool or equipment
- ☐ Distraction
- ☐ Inadequate ventilation
- ☐ Inadequate lighting
- ☐ Unsafe lifting
- ☐ Inoperative safety device
- ☐ Unsafe arrangement or process
- ☐ Poor Housekeeping
- ☐ Unauthorized actions
- ☐ Hazardous conditions
- ☐ Equipment failure
- ☐ _____
- ☐ _____
- ☐ _____

Accident / Incident Prevention

Using the list below, please identify the potential preventative measure(s) to this accident / incident. Check all that apply.

- ☐ Stop this activity / task
- ☐ Redesign the activity / task
- ☐ Redesign the workstation
- ☐ Further training for the employee(s)
- ☐ Further training for the supervisor(s)
- ☐ Develop a new policy / procedure
- ☐ Enforce existing policy / procedure
- ☐ Additional personal protective equipment
- ☐ Additional oversight by supervisor(s)
- ☐ Routinely inspect for the hazard
- ☐ _____
- ☐ _____

What should or has to be done to facilitate the recommendations identified above? _____

_____

Please submit to the Human Resources Division.

Witness Information

List the names of anyone witness to the incident. Provide phone numbers if the witness is not an employee.

Name	Phone Number

Administrative Review

Employee that Completed this Report: _____ Name _____ Date

Employee Supervisor: _____ Name _____ Date

Please submit to the Human Resources Division.