



CONFIDENTIAL

TOWN OF COLMA ACCIDENT/INCIDENT INVESTIGATION REPORT

Auto Accident Personal Injury Near Miss Hazardous Condition

Today's Date and Time: _____ AM / PM

Date and Time of Accident/Incident: _____ AM / PM

Location: _____

Employee(s) Involved	Title(s)	Dept	DOH	Months in Current Position
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Employee(s) Injured	Describe Injury and Body Part Involved	Required Medical Treatment (Y/N)	Employee Provided w/DWC-1? (Y/N)
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Non-Employee(s) Involved	Address	Phone #	Insurance Information
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Non-Employee(s) Injured	Describe Injury and Body Part Involved	Required Medical Treatment (Y/N)
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Accident/Incident Description: _____

(Area provided on reverse side for drawing of accident/incident, if applicable) Attach any interview notes, photographs, related materials just as manufacturer's operating instructions, training records, etc.

What event led up to or contributed to this accident/incident? Why did this accident/incident happen?

(Weather, road conditions, condition of work area, lack of familiarity with task, equipment, etc, inattentiveness).

Equipment Being Used at Time of Accident/Incident	In Proper Working Order	Date Inspected/ Last Used

Town Equipment/Property Damaged: _____
 Non-Town Equipment/Property Damaged: _____

Describe with as much detail as possible, what the employee was doing at the time of accident/incident.

Does this task require use of personal protective equipment (PPE)? _____
 Was the employee using the personal protective equipment (PPE)? _____
 Is there a relationship between the severity of the injury and using the PPE? If so, explain. _____

Does this task require specialized training or certification? _____
 Does the employee have the specialized training or certification required? _____

Have similar accidents/incidents occurred? _____ If yes, list dates and brief descriptions.

What immediate corrective actions were taken, when and by whom? _____

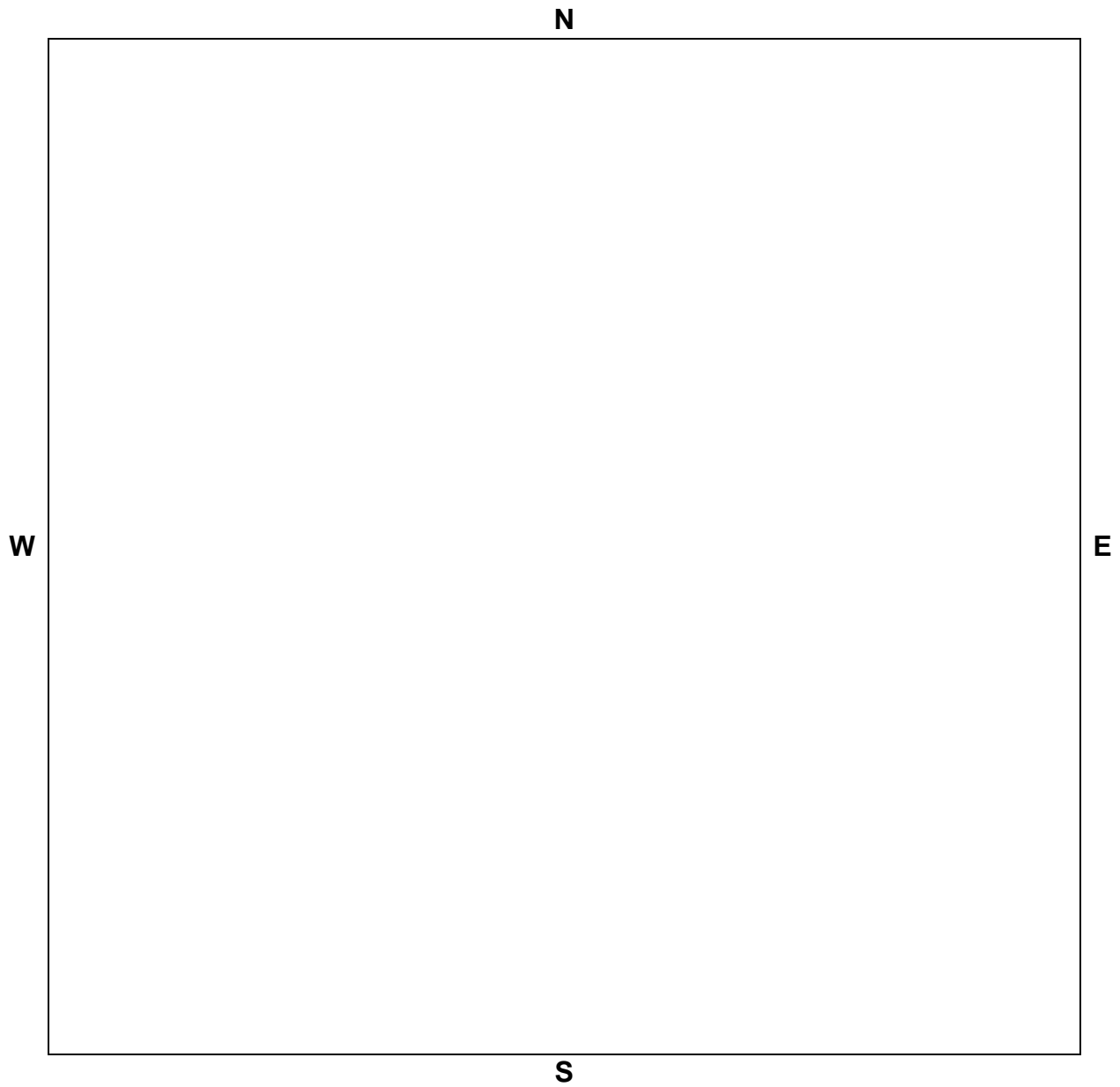
What long-term actions are needed, by whom, target dates for completion/implementation?

What post-loss actions should be taken? _____

(Contact non-employee(s), submit workers' compensation claim and/or liability claim, subrogation)

Person(s) Accountable For Corrective Action	Target Completion Date	Actual Completion Date

Investigation Completed By:	_____	_____	_____
	Print Name	Signature	Date and Time
Responsible Manager:	_____	_____	_____
	Print Name	Signature	Date and Time
Reviewed by Safety Committee:	_____	_____	_____
	Chair's Name	Signature	Date and Time



Use the above box to draw the intersection or area of the incident. Include drawings of people, cars (etc.) when appropriate. Number figures if necessary for clarity.