

EMPLOYEE ACCIDENT/INCIDENT REPORT FORM**DEPARTMENT:** _____ **VOR 02-08 Revised**

NAME OF EMPLOYEE:	TITLE:	DATE OF HIRE:	DATE & TIME OF ACCIDENT:	DATE & TIME REPORTED TO SUPERVISOR:
DATE & TIME REPORTED TO H.R.:	NAME OF SUPERVISOR:	TYPE OF ACCIDENT:	TYPE OF VEHICLE INVOLVED IN ACCIDENT:	NO. OF VEHICLES INVOLVED:
ACCIDENT LOCATION:	PERSON CONDUCTING ACCIDENT INVESTIGATION:	SAFETY EQUIPMENT USED:	WHEN DID SHIFT START AND STOP:	TASK ASSIGNED BY:
NAME VORPD OFFICER / STATE POLICE ON SCENE:	WHO WAS INJURED:	NATURE OF INJURY:	TAKEN TO MEDICAL FACILITY FOR TREATMENT: YES NO	NAME OF MEDICAL FACILITY:
DRUG SCREEN COMPLETED YES NO N/A DATE:	BREATHALYZER COMPLETED(CDL ONLY) YES NO N/A DATE:	WERE TOOLS USED WHEN ACCIDENT HAPPENED: YES NO	IF YES, WHAT TYPE:	OTHER OBJECTS CONTRIBUTING TO ACCIDENT:
NAME OF WITNESS/PHONE NO.	NAME OF WITNESS/PHONE NO.	TIME AWAY FROM WORK	DATE & TIME RECEIVED BY HR>	

1. Using the space below, explain in great detail Accident / Incident account and what factors caused the accident:

Provide possible solutions to prevent this accident from happening, again:

2. Name and signature of person involved in accident: _____ Sig. _____ Date: _____

SUPERVISOR'S ACCIDENT/INCIDENT REPORT

FORM: VOR 02-08 Revised

1. Have similar accidents occurred before in the Department ? #_____ Yes No How Many Accident has this employee had in the past twelve (12) months? _____

2. Has this Employee had similar accidents before? #_____ Yes No Of the above accidents how many are Preventable? _____
What was damaged? _____ Estimated cost of repairs? _____

2. Was there any property damage? Yes No

3. Did anyone witness accident? Yes No

4. Once you (the investigator) have completed the questions above, answer the following questions:

- In your opinion, what caused the accident?

_____ Unsafe Procedure _____ Defective Equipment Was this Preventable ____ or Non-Preventable _____ on the Villages part?
_____ Unsafe Practice _____ Improper Equipment Was this Preventable ____ or Non-Preventable _____ on the Employees part?
_____ Horseplay _____ Failure to observe Was another employee involved? Yes_____ No_____ explain if yes:
_____ Unauthorized Use _____ Lack of knowledge or skill Was there any disciplinary action taken? Yes_____ No _____
_____ Housekeeping _____ Other (explain below)

5. Provide narrative of your investigation: **Use back of form for narrative**

6. Your recommendation / solution to prevent this type of Accident / Incident from repeating and are changes in place now?: **Use back of form for narrative**

7. Attach employee's safety training list to form.

Name and signature of person conducting investigation: _____ Date:_____

Accident Investigation Narrative:

Your recommendation / solution to prevent this type of Accident / Incident from repeating itself in the future:

DEPARTMENT DIRECTOR SIGNATURE

DATE

NOTE: Attach additional information, diagrams, and photos in back of this form. Remember, cannot operate equipment until drug screen results are back. Breathalyzer Test results if CDL driver.