



SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

(This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.)

Name of Injured: _____

Job Title of Injured: _____

Time Employee Began Work: _____ Time Reported: _____

Date of Incident: _____ Time Reported: _____

Are Photos Available? Yes No

Date Reported: _____ Hour: _____

Accident Location Address: _____

Witnesses (Names and Contact Numbers)

1. _____

2. _____

Time Notified by Employee: _____ Time On Scene: _____ Time Off Scene: _____

FIELD INVESTIGATION:

Exact Location of Incident:

Completely describe location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident

Describe injuries / illnesses which you observed or which were described to you:

Describe demeanor of person involved and include statements made as "Excited Utterances":

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred:

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence:

Steps taken to prevent similar incident:

Did the employee leave work? (Check one) Yes No

If yes, time left work _____ am / pm

Did employee return to work? (Check one) Yes No

If yes, time Returned to work _____ am / pm

Did employee seek medical care? (Check one) Yes No

If yes, name of medical facility/Doctor: _____ Date: _____

Supervisor's or Investigator's Signature: _____ Date: _____