Accident Investigation & Final Report

A. Driver Data

Driver Name:	Position:	Personnel Number
Work Location:		

Date of Accident:	Time of Accident a.m. p.m.	Claim Number (if known)

Home Telephone:	Work Telephone:	Other/Cell Number:

Supervisor:	Supervisor Telephone Number:

B. Accident Description

Instructions: Obtain written and/or recorded statements from the accident. What happened? What caused the accident? What were the contributing factors? Attach additional sheets if necessary.

1. Where did the accident happen and who was involved?

SAMPLE

2. What was happening at the time of the accident and why was it taking place?

3. Describe the injury or injuries incurred. What body part and what kind of injury? (Indicate if no injury occurred.)

4. Was the Police Department contacted? Describe party at fault?

5. Have vehicle(s) and/or property damages been completed? If not, please provide estimated time frame for completion.

C. Accident Findings

After review of all facts, what were the causal factors (procedure, equipment, people, and environment) that contributed to the accident and any injuries?

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D. Corrective Action Plan

What is recommended to prevent this type of accident from occurring again? Include recommended timeline.

Corrective Actions completed and dates completed:

Supervisor Signature:	Date	Time a.m. p.m.

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