



City of Council Bluffs

Vehicle/Equipment Accident Investigation Forms Instructions

When a vehicle accident involving an employee occurs, the employee's supervisor should take responsibility for seeing that the three accident investigation forms are completed and distributed to staff:

1. **Employee's Accident Report** form is completed by the employee involved in the accident.
2. **Accident Witness Statement** form should be completed by any employee(s) who witnessed the accident.
3. **Supervisor's Accident Investigation** form should be completed by the immediate supervisor.

This preliminary step to the investigation should be completed as soon as possible and all supervisors should be trained to be able to do this function.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that you, the employer, have an accurate account of how the accident occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims, which can help defend against the claim.

After I have these forms completed - what do I do with them?

Please send/fax the completed forms to the following personnel:

Department Director
Operations Director or Assistant Director
Risk Manager
Superintendent or Division Head
Fleet Maintenance Superintendent 712-328-4696 (fax)
Legal

The immediate supervisor should keep a file copy. These completed forms can provide valuable information in a claim investigation of an injury and for developing the defense in the event of a workers' comp hearing.

What if my injured employee is physically unable to fill out the Employee's Report of Accident?

Use common sense and good judgment. If the injury is severe - remember your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident.

What if my employee refuses to fill out or sign an Employee Accident Report?

Completing the form is mandatory. Should an employee question the need to do so, the employee should be ordered to complete the form.

What if my Employee has retained an attorney - Can I still ask the injured employee to fill out an Employee's Report of Accident?

Yes – as a representative of the City's accident management plan, you can still ask the employee to fill out the report form.



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Employee's Accident Report

(To be completed by the employee.)

Employee's name: _____ Male: Female:

Present dept./classification: _____ Equipment # or type: _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Weather: _____ Road conditions: _____

What were you doing when the accident occurred? What machine or tool were you using? What type of operation?

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name of supervisor: _____ Phone: _____

Name of witness(es): _____ Phone: _____

When did you report the accident to your supervisor? _____

To whom did you report the accident? _____

Did you require medical attention? Yes: No:

Signature of employee: _____

Date: _____



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Accident Witness Statement

(To be completed by accident witness.)

Witness name: _____ Employee's name: _____

Present dept./classification: _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Weather: _____ Road conditions: _____

What was the employee doing when the accident occurred? What machine or tool was being used? What type of operation?

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name of witnesses' supervisor: _____ Phone: _____

Signature of witness: _____ Date: _____



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Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Employee's name: _____ Length of time with the City: _____

Present dept./classification: _____ Equipment # or type: _____

How long has employee worked at the present classification? _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Weather: _____ Road conditions: _____

Property/equipment owned by: _____

Who was injured? _____

What was the employee doing when the accident occurred? What machine or tool was being used? What type of operation?

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE ACCIDENT:

- | | | |
|---|--|--|
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Unsafe position |
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Traffic violation | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur:

Was employee trained in the appropriate use of Personal Protective Equipment/proper safety procedures?

Yes: No:

Was employee previously cautioned for failure to use Personal Protective Equipment/proper safety procedures?

Yes: No:



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Did employee promptly report the accident/injury? Yes: No:

Any prior physical conditions/limitations? Yes: No:

If so, what? _____

Estimated cost of damage to the City? _____ Estimated cost of damage to other property? _____

18- Month Point History		
Date	Points assessed	Accident description

Safety Committee Use:	Supervisor's Recommendation:
Chargeable:	Chargeable:
Non-chargeable:	Non-chargeable:
Other:	Other<

Supervisor's name: _____ Phone: _____

Signature of supervisor: _____ Date: _____



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