



City of Council Bluffs

Building/Vehicle/Equipment Incident Investigation Forms Instructions

When a vehicle incident involving a customer occurs, the following procedures shall apply:

- **Stop immediately and turn on any emergency warning devices as needed.**
- **Immediately notify the appropriate authorities (911), and then notify the City Risk Manager of the incident (during regular office hours or at least the start of the next business day if the incident occurs outside regular hours) at 712-328-4688.**
- **Render any aid or assistance to the injured, if qualified. If an ambulance is requested or required, notify 911 accordingly.**

The supervisor on-site should take responsibility for seeing that the three incident investigation forms are completed and distributed to staff:

- **Customer's Incident Report** form is completed by the customer(s) involved in the incident.
- **Incident Witness Statement** form should be completed by any witnesses to the incident.
- **Supervisor's Incident Investigation** form should be completed by the supervisor on-site.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an incident insures that you, the employer, have an accurate account of how the incident occurred. These completed statements are important in helping to correct hazards and prevent the incident from recurring.

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)
Building Maintenance
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.

Enter the information pertaining to all drivers, vehicles and property involved in the incident. If you were involved in an incident with a pedestrian, print PEDESTRIAN in the driver space provided for vehicle #2 and complete the pedestrian information.

The location of the incident is very important. Please be as specific as possible.

If there is damage to property other than the vehicles involved, complete the property damage information.



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Customer's Incident Report

Incident Date (Mo/Day/Year)	Time A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	Total Estimated Damage	Location of Incident	Weather Conditions
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Vehicle #1

Vehicle #2

Date of Birth	Sex	Dr. Lic. State	Driver License # as Printed on License	DRIVER	Date of Birth	Sex	Dr. Lic. State	Driver License # as Printed on License
Customer's First Name	Middle Initial	Customer's Last Name			Customer's First Name	Middle Initial	Customer's Last Name	
Number and Street	City	State	Zip Code		Number and Street	City	State	Zip Code
Phone Number 1	Phone Number 2			OWNER	Phone Number 1	Phone Number 2		
Owner's First Name	Middle Initial	Owner's Last Name			Owner's First Name	Middle Initial	Owner's Last Name	
Number and Street	City	State	Zip Code		Number and Street	City	State	Zip Code
Phone Number 1	Phone Number 2			VEHICLE	Phone Number 1	Phone Number 2		
# of Occupants	Plate #	State of Registration	Year		# of Occupants	Plate #	State of Registration	Year
V.I.N.	Est. Cost of Repairs				V.I.N.	Est. Cost of Repairs		
Vehicle Year, Make & Model				Vehicle Year, Make & Model				

Other Damaged Property

Identify Damaged Property Other than Vehicles	Owner Name	Owner Phone #	Amount of Damage
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Name of Insurance Company (not agent) providing insurance to cover your liability for damage or injury to others: _____

Name of Agent Who Sold Policy	Agent Address	Agent Phone #
Policy #	Policy Period: From: _____ To: _____	
Name of Policy Holder		

Name of witness(es): _____ Phone: _____

Did you require medical attention? Yes: No:

Signature of customer: _____

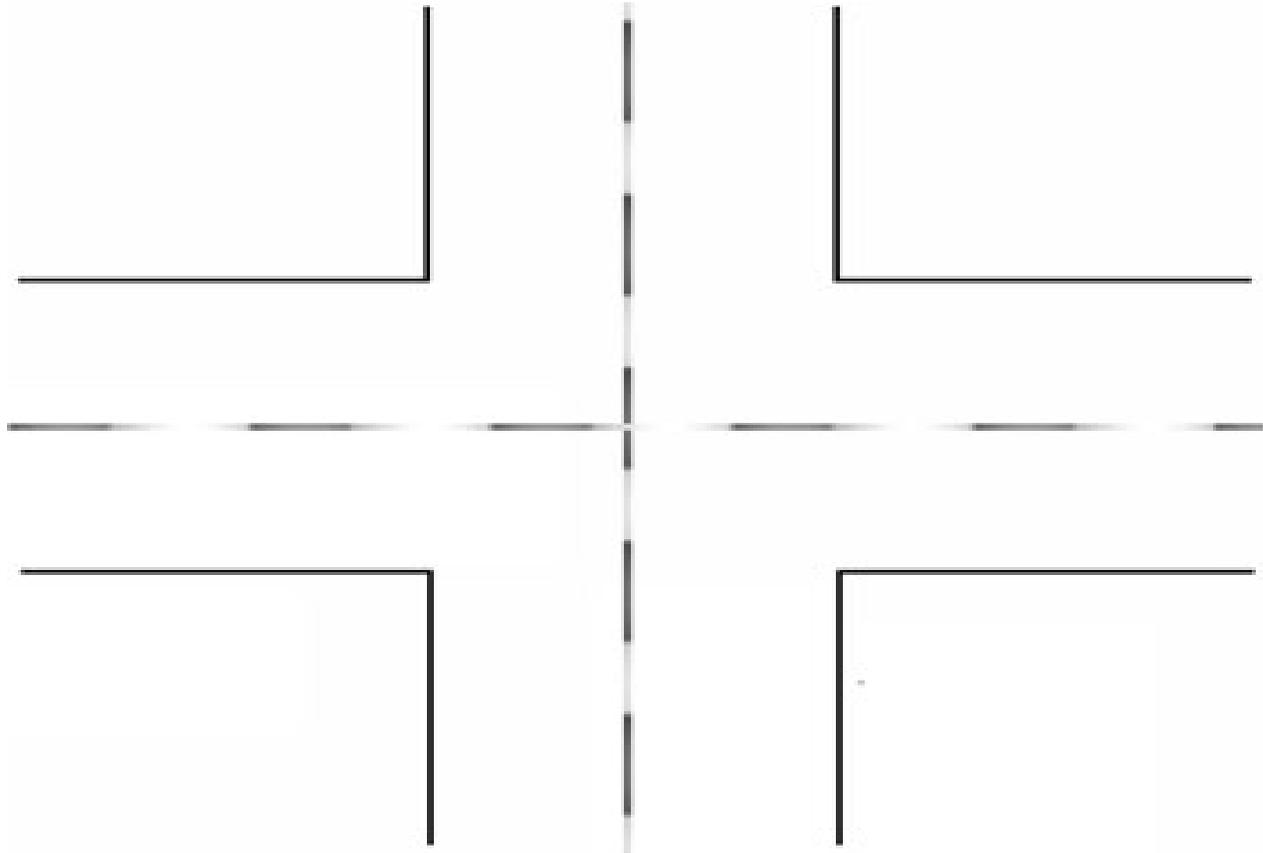
Date: _____



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Incident Description



Describe any bodily injuries sustained.

To the best of your ability, complete the incident diagram and description as briefly as possible.



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Supervisor's Incident Investigation

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

Customer's name: _____ CBPD report # _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Weather: _____ Road conditions: _____

Property/equipment owned by: _____

Who was injured? _____

What was the customer doing when the incident occurred? What machine or tool was being used? What type of operation?

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

- | | | |
|---|--|--|
| <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 incident does not recur:

Supervisor's name: _____ Phone: _____

Signature of supervisor: _____ Date: _____