



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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## Vehicle/Equipment Accident Investigation Forms

### 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?

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

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Recommendation on how to prevent this accident from recurring:

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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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## Vehicle/Equipment Accident Investigation Forms

### 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?

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

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Recommendation on how to prevent this accident from recurring:

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Name of witnesses' supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## Vehicle/Equipment Accident Investigation Forms

### 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?

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

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|---|--|--|
| <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:

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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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## Vehicle/Equipment Accident Investigation Forms Supervisor's Accident Investigation (Cont'd.)

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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