

270.000 Traffic Collision Response Appendix F

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT



1. Entity	2. Date	3. Time	AM PM
4. Name: Employee, Vehicle, Building, Etc.			
5. Department	6. Location of Incident	7. New Employee/Equipment or Operation? Yes                      No	

8. Type of Incident

Check All That Apply	<input type="checkbox"/> near miss <input type="checkbox"/> property damage <input type="checkbox"/> equipment damage	<input type="checkbox"/> fire/explosion <input type="checkbox"/> employee injury/ illness <input type="checkbox"/> vehicular accident	<input type="checkbox"/> potential hazard <input type="checkbox"/> entity premises incident <input type="checkbox"/> other
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9. If the incident involves damage to non-entity property or injury to persons who are not entity employees, contact your Risk Manager, internal Claims Contact or Entity Attorney before completing this form.

10. Describe what took place or what caused you to make this investigation. Get all the facts by studying the hazard or situation involved.

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Ask the following questions:      **Who?** \_\_\_\_\_      **What?** \_\_\_\_\_      **When?** \_\_\_\_\_      **Where?** \_\_\_\_\_      **How?** \_\_\_\_\_      **Why?** \_\_\_\_\_

11. What should be done to prevent a recurrence?

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- Circle the following items that require additional attention:**
- |                    |                             |                           |                 |               |
|--------------------|-----------------------------|---------------------------|-----------------|---------------|
| <b>Admin./Mgt.</b> | <b>Environment</b>          | <b>Equipment</b>          | <b>Material</b> | <b>People</b> |
| Policies           | Weather                     | Selection                 | Selection       | Selection     |
| Procedures         | Housekeeping                | Arrangement               | Placement       | Placement     |
| Scheduling         | Temperature                 | Use                       | Handling        | Training      |
| Purchasing         | Noise                       | Maintenance               | Process         | Coaching      |
| Logistics          | Light                       | Availability              | Availability    |               |
|                    | Toxic/Hazardous<br>Material | Convenient<br>Appropriate |                 |               |

12. What actions have been taken? \_\_\_\_\_

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**Take or recommend action, consistent with your authority.**

13. How will corrective actions improve conditions or behavior?

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14. Investigated By	Title	Date	15. Reviewed By	Title	Date
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The Town of Erie does not, by preparing, furnishing or accepting this Supervisor's Accident/Incident Investigation Report or any attached documents admit any liability for injury or damages arising out of the incident described herein or the accuracy of any information included herein. This report is not intended to comply with the notice requirements of the Colorado Governmental Immunity Act.