

Instructions For Completing The  
Public Alliance Insurance Coverage Funds  
Accident Investigation Report Form

**PUBLIC ALLIANCE INSURANCE COVERAGE FUND  
EMPLOYEE ACCIDENT INVESTIGATION REPORT FORM**

**Section I.**

**THIS SECTION OF THE ACCIDENT REPORT IS TO BE FILLED OUT BY A RESPONSIBLE INDIVIDUAL IN THE ENTITY WHO HAS THE ACCIDENT REPORTED TO THEM.**

<b>ENTITY:</b> _____	<b>PHYSICAL LOCATION OF ACCIDENT:</b> _____	<b>Date of Accident:</b> ___/___/___	<b>Time:</b> _____ AM _____ PM
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Indicate the name of your township, county, school, etc. in this first box. In the second box indicate exactly where the accident happened. Try and be specific and avoid general descriptions. For example, for analysis purposes it is far more helpful to know that the accident occurred in "Courtroom B" rather than stating it occurred in the "? all Of Justice". We need to know that date on which the accident occurred, not the date it is reported to your entity. If this report is being used for an illness that developed over a long period of time, you should use the date when the injured/ill party first became aware of a problem. The time of day when the accident occurred is also important for analysis. We need to know when the injuries are occurring.

**EMPLOYEE'S NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list the injured employee's full name and their social security number.

<b>JOB TITLE:</b> _____	<b>DEPARTMENT:</b> _____	<b>TIME IN CURRENT JOB?</b> _____ YRS. _____ MOS.
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Please list the injured employee's official title. This is information that will be needed to help us determine the types of jobs that may need additional attention. Likewise, it is important that we know the department to which the injured is assigned. If the employee was on temporary loan to another department that will be determined later. For now we want the regular assignment. We also want to know the employee's experience. This information will help us determine training needs.

<b>HRS. WORKED IN PREVIOUS 24 HR. PERIOD?</b> _____	<b>TREATMENT:</b> ____ First Aid ____ Medical Visit ____ Hospitalization (Notify PEOSHA)
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Under certain circumstances (such as repair work or snowfalls) individuals will work more than the normal time expected. Fatigue may be one of the factors in the accident and we need to know that. That is why we want to know how many hours the injured worked over the past 24 hours. We also need to know what type of medical care was needed as a result of the injury and we also want to alert you to the fact that PEOSHA needs to be notified in the case of hospitalization. You must also notify them in case of a fatal injury.

<b>EMPLOYEE BACK WORK?</b> ____ YES ____ NO	<b>DATE RETURNED:</b> ____ / ____ / ____	<b>REGULAR DUTY?</b> _____ <b>LIGHT DUTY?</b> _____
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It is in the interest of all parties that we get the injured employee back to work as soon as they are ready. We would like to know that they returned and when. We would also like to know whether or not they were able to resume their regular duties or did they return to light duty work (if you have such a program).

<b>WITNESS TO ACCIDENT:</b>	<b>NAME:</b> _____ <b>STREET ADDRESS:</b> _____
	<b>CITY/TOWN</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
	<b>PHONE - HOME :</b> _____ <b>BUS:</b> _____ <b>IF EMPLOYEE: DEPARTMENT:</b> _____

Witnesses can add a lot to any accident investigation. The injured party may not be aware of all of the circumstances that contributed to the accident and the resulting injury. We need to know who witnessed the accident and how to reach them. If there is more than one witness, use a blank sheet of paper for their names and addresses and attach to this form.

## Section II.

**THIS SECTION OF THE REPORT IS TO BE FILLED OUT BY THE INJURED PARTY:**

**IN YOUR OWN WORDS DESCRIBE WHAT HAPPENED.**

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\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

If the injured party is capable of providing information about what happened to them, then you should allow them to have an input into this investigation. Let them say what happened in their own words. Then have them sign the form. Should they be unable to contribute, or refuses to provide information, then that should be noted in this section.

**Section III.**

**THIS SECTION OF THE REPORT IS TO BE FILLED OUT BY THE INJURED EMPLOYEE'S SUPERVISOR.**

**ACCIDENT DETAILS: (When answering the questions that follow, bear in mind that it is important to get to the root cause of the accident. So investigate the situation thoroughly. Do not settle for obvious answer.**

**NOTE: The questions on the following pages do not appear in boxes as they are shown in these instructions. This has been done here simply to isolate them from the rest of the report.**

DATE OF THIS REPORT: \_\_\_\_/\_\_\_\_/\_\_\_\_

This is the actual date that the supervisor conducts the accident investigation. This date may differ from that in the first section of the form.

**DESCRIBE WHAT HAPPENED:**

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In the supervisor's own words, he/she should indicate what their investigation has revealed regarding how the accident happened. They should be as specific as possible indicating what the injured party was doing, what tools, equipment, or machinery were being used.

**DESCRIBE THE RESULTING INJURY AND PROPERTY DAMAGE:**

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In this area the supervisor is only expected to give general information as to the nature of the injury or what the property damage was (if any). Specific details can be obtained from other sources if necessary to the investigation.

**WHAT WAS THE INJURED PARTY DOING JUST PRIOR TO AND AT THE TIME OF THE ACCIDENT:**

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The supervisor here describes what the injured party was doing before the accident occurred (task assigned/activity) and at the time of the accident. This information is very important when trying to learn the cause(s) of the accident. The two ("prior" & "at the time") could be very different and we need to know that.

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WHAT ACTIONS OR CONDITIONS MAY HAVE CONTRIBUTED TO THE ACCIDENT?

There is never only one cause of an accident! Usually a number of factors come together at one time to produce the accident and its resulting injury. Here we are asking the supervisor to determine whether or not the actions of the injured party or the actions of others were among the causes. This area should include information regarding the conditions of the area. Anything unusual? Contractors working in the same area? Weather?

HAVE THERE BEEN ANY SIMILAR ACCIDENTS OF THIS TYPE IN THE PAST? YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE BELOW.

We always try and learn from accidents. However, we may not have learned enough from similar accidents in the past. This is common and something everyone must accept. If the same type of accident is repeated often enough we may find a way to eliminate it entirely. That is not likely and the best we can hope for is that the injury that results from these accidents becomes less and less as we learn better how to protect people. No one should feel guilty if this is an accident that has happened before. We just have to get on with trying to fix things once more. This is an area where we are adding to our knowledge not blaming anyone for the problem.

WERE WRITTEN OR ACCEPTED SAFE METHODS & PRACTICES FOLLOWED PRIOR TO THE ACCIDENT? IF NOT, EXPLAIN BELOW.

We all have written rules or rules we believe are accepted for the job to be done. We either create them ourselves or we borrow them from another source. Some rules are firm and some are flexible. What we are looking for here is whether or not the rules or procedures we have in place are doing the job or, were they followed as they were supposed to be? Keep in mind that there are some unusual circumstances where the rules get scrapped. This should be rare, but in some emergency situations the rules are difficult to follow. This area can also tell us whether or not the rules/procedures were understood or do we have to go back and re-do them? The supervisor must give his/her best opinion here.

#### Section IV.

**THIS SECTION IS FOR CLASSIFICATION PURPOSES. PLEASE CHECK THE BOX THAT MOST CLOSELY DESCRIBES WHAT HAPPENED.**

Accident statistics are useful in determining trends. We need to have a large enough number of them to learn what the trends are. One member of the Fund may have few accidents and few people while another member with a large work force will probably suffer more injuries to its people simply because of exposure hours. To be able to alert all of the members of problems that may be out there in their operations we need to publish statistics. That is what this section is all about. We need to compile out statistics using the following classifications:

**Type of Accident**

Caught In/Between	Struck By	Struck Against	Slip/Trip	Fall - Same Level
Fall -Elevation	Collision/Upset of Vehicle	Pushing or Pulling	Lifting, Carrying, Reaching	Twisting, Bending, Stretching
Contact With	Cut, Puncture, Scrape	Walk/ Run/Jump	Cumulative Trauma	Exposure To:
Ingestion	Inhalation	Skin Absorption	Other:_____	

Here the supervisor simply selects the wording that best describes what happened to the injured party. Were they hit by something (Struck By)? Did they hurt their back while Pushing or Pulling something? Each of the categories above is a general description and in this table an attempt has been made to cover all possible types of accidents that can occur. However, if what you are reporting cannot be placed in any one of these categories, then use the “Other \_\_\_\_\_” classification and explain briefly.

**Agency of Accident**

Machinery	Power Hand Tool	Ladder/Scaffold/Elev.	Materials/Supplies	Hot Objects/Liquids
Floor	Stairs/Ramps	Elevator	Human	Walkway
Road/ Parking Lot	Chemical	Pool/Lake/Pond	Snow/Ice/Water	Electrical
Chemical	Vehicle	Power Equip.	Grease/Oil	Ground (Grass/Other)
Pressure Vessel	Foreign Body	Furniture/Office Equip.	Elec.. Cords	Animal/Inspect/Plant
Infectious Matl.	Police Equip.	Weapon	Bldg.Fixtures/Fence	Temp. Extremes
Sharp Object	Mobil Equip.	Hole/Ditch/Excavation	Garbage/Recyclable	Smoke/Fume/Vapor
Hand Tool	Needle/Med. Inst.	Sports/Fitness Equip.	Mechanical Equip.	Other_____

“Agency” is the term used to describe the tool, machine, equipment or condition that was involved in the accident. For example, should an employee fall off a ladder while working the Agency would be the Ladder. If the same employee touched a hot wire while on a ladder then “Electrical” would be the correct category, not the ladder. You may find an occasion where you need to check off more than one category in this table. If someone slips on ice in a parking lot you can check off both Road/Parking Lots and the Snow/Ice/Waters categories. You are only asked to give your best choice for the agency that figured in the accident. Again, if the Agency you determine does not fit the categories above you can use the Other \_\_\_\_\_ category.

**Body Part Affected:**

Head & Neck		Upper Extremities		Body		Lower Extremities	
Head		Shoulder	R - L	Back/Spine		Hip	R - L
Scalp/Skull		Upper Arm	R - L	Chest		Thigh	R - L
Eye(s)	R - L	Elbow	R - L	Abdomen		Knee	R - L
Ear(s)	R - L	Forearm	R - L	Groin		Lower Leg	R - L
Nose		Wrist	R - L	Body-Multiple		Ankle	R - L
Face		Hand	R - L	Internal Organs		Foot	R - L
Mouth		Fingers/ Thumb	R - L	Buttocks		Toe(s)	
Neck/Throat		Multiple		Vascular/Nervous System		Multiple	

For “Body Part Affected” we have divided the body into four (4) general areas as shown at the top of each column. The category that best describes what part of the injured’s body was hurt should be checked off. If there were more than just one part injured check them all or use the Multiple category. There are three of them that cover multiple injuries. Here again you are only asked for you best opinion based on the information you have at the time of the investigation.

**Type of Injury**

Laceration	Puncture	Concussion	Contusion
Hernia/Rupture	Dislocation/Joint Injury	Strain/Sprain/Tendonitis	Poisoning
Shock (Elec.)	Fracture	Abrasion	Hearing Loss
Burn	Burn (Chemical)	Dermatitis	Heat Exhaustion
Irritation/Inflammation	Amputation	Exposure	Asphyxia/Respiratory Distress
Insect Bite	Crushing	Paralysis	Drowning
Allergic Reaction	Mental	Disease/Illness/Infection	Other: _____

At the time that the report is being filled out you may not know the full extent of the injuries suffered by the employee involved in the accident. Here again, only the best information you have at the time is called for. Records can always be updated later.

<p><b>IN YOUR OPINION, WHAT CAUSED THIS ACCIDENT?</b></p> <hr/> <hr/> <hr/> <hr/>
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Having gone through all of this form you now come to the point where you put all of that information together and come up with the causes of the accident. There is never usually only one cause of an accident. Accidents are produced by a number of factors coming together at the same time. Here we are asking only for your opinion based on the information you were able to gather in this investigation. As the injured employee's supervisor you are the best equipped to come up with this information. You know the employee, you know the task they were assigned and you know the tools, equipment, and machinery they may have been using or operating. This is the "heart" of the exercise and from which we will complete the following section, Corrective Action.

Facts may surface after this investigation has been made that makes us revise the causes you have found. Do not worry about that. We are only interested in your opinion at the time the investigation was made. Ninety-five percent (95%) of the time your findings will stand even when other information is uncovered.

**Section V**

<b>CORRECTIVE ACTION</b>
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<p><b>COULD THE ACCIDENT/INCIDENT HAVE BEEN PREVENTED? IF SO, HOW?</b></p> <hr/> <hr/> <hr/> <hr/>
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Keep in mind as you answer this question that we are not interested in getting anyone into trouble or second-guessing anything that was done. We are only interested in keeping this accident from happening again. No disciplinary action will be taken against anyone once this form is completed. We only wish to learn from this exercise.

WHAT ACTIONS HAVE BEEN, OR SHOULD BE, TAKEN TO REDUCE THE LIKELIHOOD OF AN ACCIDENT OF THIS NATURE FROM RECURRING?

Based on what was determined in the previous questions, the supervisor now gives an opinion as to what should be done to keep from having this problem in the future. The supervisor should give his/her best opinion based on what has been learned as a result of this investigation. However, realize once again, that condition change and preventive measures that were stated here may need to be modified going forward.

The causes and preventive measures for some accidents/incidents may be complex and may require additional writing space. If additional space is needed then a separate piece of paper should be used.

\_\_\_\_\_  
Supervisor's Signature

Having completed the investigation you now sign this document affirming that these are your findings.

\_\_\_\_\_  
Reviewed by: (For the Safety Committee)

The Safety Committee of you entity should review all accidents and the investigations made on them. They can add their comments and opinions to the investigation. Having done this, someone in authority on the Safety Committee should sign the form. Feedback from the committee to the supervisor is always helpful.

HAS CORRECTIVE ACTION BEEN TAKEN? YES \_\_\_ NO \_\_\_ If yes, date \_\_\_/\_\_\_/\_\_\_

This question is designed to document the completion of any corrective action that has been taken at the time of the Safety Committee review. It simply introduces some accountability for the completion of any recommended corrective action.