PUBLIC ACCIDENT/INCIDENT REPORT FORM

Public Alliance Insurance Coverage Fund

THIS REPORT IS TO BE FILLED OUT BY A RESPONSIBLE INDIVIDUAL IN THE DISTRICT WHO HAS THE ACCIDENT & INJURY REPORTED TO THEM.			
Municipality:	Location of accident (Please be specific):	Date of accident:	Time of Accident: AM / PM

Name: Address: City: State: Zip: Home phone : Business Phone :	Social Security #: Was injured party an invited guest in the municipality? ☐ YES (Event/Visit) _ ☐ NO IF TREATED BY MUNICIAPL PERSONNEL, Treatment was (check one): ☐ First Aid ☐ Medical ☐ Hospitalization Treatment Provided by:

Type of Treatment: (If provided by Municipal Personnel):

WITNESS:	Name: Address: City: State: Zip: Home phone: Bus:

INJURED PARTY'S DESCRIPTION OF ACCIDENT:

Copy of this report sent to Risk Management Consultant? ☐ Yes / ☐ No

_____
Signature of Party Filling Out This Form.

STOP!	THE REMAINDER OF THIS FORM IS FOR ACCIDENTS THAT REQUIRE MEDICAL ATTENTION, HOSPITALIZATION, OR A FATAL INJURY ONLY.

ACCIDENT/INCIDENT 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. Don't settle for the obvious answer.)

DESCRIBE WHAT INJURED PARTY WAS DOING JUST PRIOR TO AND AT THE TIME OF THE ACCIDENT -

_____

WERE WRITTEN OR ACCEPTED RULES OF THE MUNCIPALITY FOLLOWED PRIOR TO THE ACCIDENT/INCIDENT? IF NOT, EXPLAIN:

_____

WHAT CAUSED THE ACCIDENT?

_____

ACCIDENT CLASSIFICATIONS (CHECK ONE IN EACH CATEGORY)

TYPE OF ACCIDENT:

☐	Caught In/Between	☐	Slip/Trip	☐	Lifting, Carrying, Reaching	☐	Collision/Upset of Vehicle	☐	Inhalation	☐	Cumulative Trauma
☐	Struck By	☐	Fall - Same Level	☐	Pushing or Pulling	☐	Foreign Body	☐	Ingestion	☐	Walk, Run, Jumping
☐	Struck Against	☐	Fall - Different Level	☐	Twisting, Bending, Stretching	☐	Cut/Puncture/Scrape	☐	Exposure To:	☐	Contact With
☐	Sports Activity	☐	OTHER (Explain):								

AGENCY OF ACCIDENT

☐	Machinery	☐	Hand Tool	☐	Ladder	☐	Scaffold	☐	Work Platform	☐	Pressure Vessel
☐	Floor	☐	Stairs	☐	Elevator	☐	Ramp	☐	Walkway	☐	Foreign Body
☐	Parking Lot	☐	Chemical	☐	Water	☐	Snow/Ice	☐	Electrical	☐	Sports Equip.
☐	Chemical	☐	Vehicle	☐	Power Equip.	☐	Grease/Oil	☐	Ground (Grass/Other)	☐	Elec.. Cords
☐	**Human**	☐	**Bleachers/Bench**	☐	**OTHER (Explain):**						

BODY PART AFFECTED

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

TYPE OF INJURY

☐	Laceration	☐	Puncture	☐	Concussion	☐	Contusion	☐	Irritation	☐	Insect Bite
☐	Hernia	☐	Dislocation	☐	Strain/Sprain	☐	Poisoning	☐	Amputation	☐	Other _____
☐	Shock (Elec.)	☐	Fracture	☐	Abrasion	☐	Hearing Loss	☐	Exposure		
☐	Burn	☐	Burn (Chemical)	☐	Dermatitis	☐	Heat Exhaustion	☐	Asphyxia		

CORRECTIVE ACTION

WHAT COULD HAVE PREVENTED THE ACCIDENT/INCIDENT?

_____

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

_____

NOTE: ADDITIONAL COMMENTS AND/OR NOTES CAN BE ADDED TO A SEPARATE PIECE OF PAPER IF NEEDED.

_____ _____

Supervisor's Signature **Reviewed by: (For the Municipal Safety Committee)**

HAS CORRECTIVE ACTION BEEN TAKEN? ☐ **YES** ☐ **NO** **If yes, date:**

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