

ACCIDENT INVESTIGATION REPORT

FLEET

INJURY

LOCATION WITH CLAIM _____

Employee Name (please print): _____

Accident Date: _____ Accident Time: _____ a.m. p.m.

Lost Time? YES NO

Injury Description: _____

Accident Description: _____

Property Damage (Describe property, equipment or material damaged): _____

Nature of Damage: _____

Source (object inflicting damage): _____

Could it have been prevented? Yes No If "yes", please describe HOW: _____

Name(s) of Witnesses: _____

Witness Statement: _____

Employee suggestions to prevent recurrence: _____

Action Taken: _____ By Whom? _____

Supervisor's Statement: _____

Employee Signature

Date

Supervisor Signature

Date

Location Manager Supervisor

Date