

# 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