

# County of Columbus

Injury/Accident Report: Please Type or Print Claim # : \_\_\_\_\_

Report Date: _____	Accident Date: _____	Time of Accident: _____
Department: _____	Name of Supervisor _____	Date/Time Supervisor knew _____
<b>Personal Injury (WC)</b>	<b>Vehicle Accident</b>	<b>Property Damage or Liability</b>
Complete Sections I, IV, V	Complete Sections I, II, III, IV, V	Complete Sections III, IV, V

## Section I - Employee Information

Employee Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Mailing (If different) City State Zip Code

Employee # \_\_\_\_\_ Status: Married  Single  Date of Birth \_\_\_\_\_ Sex M F

Date of Hire \_\_\_\_\_ Social Security # \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Occupation when injured \_\_\_\_\_ No. of hours worked per day \_\_\_\_\_ No. of days worked per week \_\_\_\_\_

Where did accident occur? \_\_\_\_\_ Time employee began work: \_\_\_\_\_

## Complete Only if Employee Was Injured

Did employee leave work? \_\_\_\_\_ If Yes, date and hour returned to work? \_\_\_\_\_

Did injury require outside medical attention? \_\_\_\_\_ If Yes, who was the provider? \_\_\_\_\_

Describe Injury: \_\_\_\_\_  
Describe injury with Detail: Use extra paper if needed.

## Section II - Vehicle Accidents

Vehicle #1	Vehicle #2
Driver's Name _____	Driver's Name _____
Driver's Address _____	Driver's Address _____
Owner's Name _____	Owner's Name _____
Owner's Address _____	Owner's Address _____
Driver's License # _____ State _____ Expires _____	Driver's License # _____ State _____ Expires _____
D.L. Endorsements/Restrictions _____	D.L. Endorsements/Restrictions _____
Type Vehicle _____	Type Vehicle _____
Tag # _____ Mfg. _____ Year _____	Tag # _____ Mfg. _____ Year _____
VIN # _____ City Vehicle ID # _____	VIN # _____ City Vehicle ID # _____
Describe Damage _____	Describe Damage _____
Was an occupant injured? _____ If so, who _____	Was an occupant injured? _____ If so, who _____

**Section III - Property Damage or Liability**

Responsible Parties Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Responsible Parties' Address: \_\_\_\_\_

Affected Parties Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Affected Parties Address: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Was county vehicle involved?  Was Police Report Completed?  If Yes, who investigated? \_\_\_\_\_

**Section IV - Supervisor's Investigation**  
(Must be completed on all accidents/incidents)

Primary Cause of the accident: \_\_\_\_\_

Secondary Cause of the accident: \_\_\_\_\_

Names of persons interviewed: \_\_\_\_\_

Corrective Action taken to prevent recurrence: \_\_\_\_\_

Was employee trained to do this job safely?  Date of last training on this specific job task: \_\_\_\_\_

What object/substance directly harmed the employee? \_\_\_\_\_

**Section V - Supervisor's/Department Head Review**  
(Must be completed on all accidents/incidents)

I have investigated this incident and have taken the necessary corrective actions in an attempt to prevent this from recurring.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this accident report completely. We consider this accident to be **Preventable** or **Non-Preventable**.  
(circle one)

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**Routing/Tracking**

Initial	Date	Tracking
		Supervisor's Initial Investigation
		Safety representative notified
		Employee Statement of Fact Completed
		Supervisor's Accident Report Completed
		Department Head/Supervisor's Review
		Report Forwarded to HR & Safety Manager

**Affected Employee Statement of Facts**  
(To be completed on all accidents/incidents)

**What was the employee doing just before the incident occurred? Be specific:**

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**Describe fully how injury occurred. Be specific:**

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**Describe the condition of any work surfaces, tools, equipment, or other physical elements involved in the accident/incident.**

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**Describe all injuries you sustained. Describe in detail, be more specific than words like... “hurt”, “pain”, or “sore”**

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**For “slip, trip or fall”, describe things like the floor surface, its condition, foot wear, lighting, etc**

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**If the event took place out side, describe things like the weather conditions, the terrain, the environment, etc**

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**What can be done to prevent this accident/incident from ever recurring?**

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\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Supervisors Investigations Notes**  
(To be completed on all accidents/incidents)

Affected Employee/Property \_\_\_\_\_ Department \_\_\_\_\_

Age of Affected Employee/Property: \_\_\_\_\_ Was the Employee/Property in a normal job function/mode: \_\_\_\_\_

If not, describe: \_\_\_\_\_

What happened? \_\_\_\_\_

Why did it happened? \_\_\_\_\_

What have you done to prevent this from happening again? \_\_\_\_\_

What needs to be done Countywide to prevent this from happening in other departments? \_\_\_\_\_

**Witness/Other Interviews/Statements**

Person Interviewed: \_\_\_\_\_ Date & Time of Interview: \_\_\_\_\_

Findings: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Date & Time of Interview: \_\_\_\_\_

Findings: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Date & Time of Interview: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date