Way	cross	CITY OF WAYCF LOSS R	,	δIA
Type of Accident/Loss:	U Vehicle Accide	nt 🛛 Property Dama	age 🛛 Injury	□ Theft
	□ Fire Loss	□ Liability	□ Other	
Date Occurred:		Time:		AM / PM
Employee Name:			Dept. Involved:	
SSN:	Age:	DOB: _		_ Sex:
Other(s) Involved:				
Name:			Phone #:	
Address:				
Location of Occurrence (s		are applicable):		
Address:				
□ In Shop / Bldg / Comp	ound	□ Within E	Intity Boundaries	
□ Outside Entity Bounda		Approved Route / Location		
Owner: City				
Property Identification:	Y	ear (made / age):	Manufact	ırer:
Construction: (if not a veh	uicle, e.g. brink, frame, i	metal)		
Damage / Loss Descriptio	n:			
Description / Narrative of discovery; why and how):		(include what they were o	doing at time of occu	urrence or
Witness(s):				
Signed:			(Wi	tness(s) / Investigator)
			(Dep	artment–if applicable)
Department Head	I	Division Head	Em	ployee
Risk Management		Date Received		

CITY OF WAYCROSS ACCIDENT INVESTIGATION REPORT

PEOPLE	YES	NO
Employee job skills and capabilities meet job requirements?		
Employees receive proper training?		
On the job training?		
Standard rules and operating procedures followed and enforced?		
Proper personal protective equipment required and worn?		
Machine guards alerted or displaced?		
Unauthorized employees in restricted area?		

VEHICLE / PROPERTY	YES	NO
Driver injured?		
Others injured?		
Insured cited?		
Drivers licensed?		
Vehicle damaged?		
Other property damaged?		
Unsafe conditions/modifications?		
Seat belts worn?		

EQUIPMENT	YES	NO
Improper equipment design?		
Equipment has required safety controls and guards?		
Equipment properly maintained?		
Written maintenance program?		
Personal protective equipment in good condition?		
Personal protective equipment available?		
Personal protective equipment fit employee properly?		

ENVIRONMENT	YES	NO
Ventilation / lighting systems?		
Workplace layout correct?		
Employee material handling minimized?		
Housekeeping?		
Nighttime or daytime?		
Weather condition/wind/temperature?		
Surface conditions?		

MATERIAL	YES	NO
Proper storage system used?		
Proper handling procedures		
loading/unloading/transporting?		

List causes

List recommendations

Signature of investigator _____ Date _____