REPORT OF INCIDENT, ACCIDENT, AND INJURY

- TYPE OF INCIDENT

	INJURY		ACCIDENT – VEHICLE		CITY/PUBLIC PROPERTY DAMAGE
	INJURY & PROPERTY DAMAGE		ACCIDENT- EQUIPMENT		PRIVATE PROPERTY DAMAGE
	NEAR – MISS				

- Complete information and forward to Risk Management within **24 hours** of incident via fax, e-mail, or hardcopy.
- Attach separate sheets with comments, photographs, diagrams, etc. as necessary

EMPLOYEE NAME		EMPLOYEE CONTACT NUMBER	
EMPLOYEE POSITION		DEPARTMENT	
SUPERVISOR		SUPERVISOR CONTACT NUMBER	

TIME EMPLOYEE BEGAN WORK	A.M. P.M.	EMPLOYMENT STATUS (FT, PT, ETC)	
UNABLE TO WORK FOR AT LEAST ONE DAY AFTER INJURY	○ YES ○ NO	DATE LAST WORKED	

DATE OF INCIDENT		TIME OF INCIDENT	A.M. P.M.
ADDRESS/LOCATION OF INCIDENT			
PERSON NOTIFIED			

INCIDENT INFORMATION

DETAILED DESCRIPTION OF EMPLOYEE'S ACTIONS AT TIME OF INCIDENT (HOW, WHAT, WHY):

DIRECT CAUSE(S) OF INCIDENT:

WERE OTHER EMPLOYEES INVOLVED? IF SO, PROVIDE NAME(S) AND CONTACT NUMBER(S):

WITNESS NAME/TELEPHONE NUMBER

INJURY INFORMATION

DID EMPLOYEE RECEIVE BASIC FIRST AID? ◯ YES ◯ NO
WAS EMPLOYEE SENT TO FOX OCCUPATIONAL CLINIC? ◯ YES ◯ NO
WAS EMPLOYEE SENT TO EMERGENCY ROOM? ◯ YES ◯ NO NAME AND ADDRESS OF HOSPITAL:
WAS EMPLOYEE SENT TO ANOTHER OCCUPATIONAL CLINIC? ◯ YES ◯ NO NAME AND ADDRESS OF CLINIC:
WAS TREATMENT REFUSED? ◯ YES ◯ NO
COMMENTS:
INDICATE INJURED BODY PART (SPECIFY RIGHT OR LEFT IF APPLICABLE):
INDICATE TYPE OF INJURY (BITE, SPRAIN, FRACTURE, ETC)

DAMAGE INFORMATION: VEHICLE/EQUIPMENT

REDLANDS POLICE REPORT NUMBER	
OTHER AGENCY:	REPORT OR REFERENCE NUMBER:
CITY VEHICLE ID NUMBER:	CITY LICENSE NUMBER:
MAKE AND MODEL OF VEHICLE/EQUIPMENT:	
EXTENT OF DAMAGE TO VEHICLE/EQUIPMENT:	
IS THE VEHICLE/EQUIPMENT OUT OF SERVICE? ◯ YES ◯ NO	
IF YES, IT: ◯ TEMPORARILY OUT OF SERVICE ◯ PERMANENTLY OUT OF SERVICE	
WHERE WILL REPAIRS BE MADE: ◯ CITY GARAGE ◯ OTHER:	
ADDITIONAL COMMENTS:	
WHAT CORRECTIVE ACTIONS, IF ANY, HAVE BEEN TAKE TO PREVENT RECURRENCE?	

_____ _____

Employee Signature **Date**

_____ _____

Supervisor Signature **Date**