

CITY OF SAN ANGELO ACCIDENT REPORTING FORM

This form will be completed by the SUPERVISOR

Forward completed/signed report to RISK MANAGEMENT within 24 HOURS OF ACCIDENT

BLOCK 1: Please Check Only What Applies

City Vehicle YES NO Department: _____ Department # (4digit): _____
City Employee Injury YES NO Date of Accident: _____
City Property Damage YES NO Date of Report: _____
Non-employee YES NO Address / Location of Accident: _____
Private Property Damage YES NO _____

BLOCK 2: COMPLETE FOR ALL ACCIDENTS OF CITY EMPLOYEES AND/OR ACCIDENTS THEY WITNESS OR DAMAGES THEY FIND

Name of employee: _____ Employee #: _____ PHONE #: _____
Address: _____ DL #: _____
DOB: _____ Married Single Sex: _____ SSN #: XXX-XX-_____
Job Title: _____ Service Date: _____
Work being performed: _____
Was employee performing his/her regular job at time of accident? YES NO
Did employee have training for this job/task? YES NO Date of training: _____

BLOCK 3: COMPLETE FOR ALL VEHICLE ACCIDENTS INVOLVING CITY AND/OR PRIVATE

1st City Vehicle YR.: _____ Make: _____ Body Style: _____ License #: _____
Vehicle #: _____ City Owned/Leased: _____ Operator's Last DDC: _____
2nd City Vehicle YR.: _____ Make: _____ Body Style: _____ License #: _____
Vehicle #: _____ City Owned/Leased: _____ Operator's Last DDC: _____
Private Owned Vehicle YR.: _____ Make: _____ Model: _____ LP: _____
Operator's Name: _____ Phone #: _____
Address: _____
Insurance Co.: _____ Address: _____

BLOCK 4: COMPLETE FOR EMPLOYEE INJURY ACCIDENTS

What object caused the injury? _____
Kind of Power: Hand Foot Electric Gas/Diesel Other: _____
When was supervisor informed? Date: _____ Time: _____
Was required safety equipment provided? YES NO Was PPE in use? YES NO
If NO explain on reverse side in block 7 or 9.
Was accident caused by employee's failure to use proper safety equipment or procedure? YES NO

BLOCK 5: COMPLETE FOR PRIVATE PROPERTY DAMAGE AND NON-EMPLOYEE ACCIDENTS OR INJURIES

Name: _____ DOB: _____ Phone #: _____
If minor, guardian's name: _____ Type of injury: _____
Address: _____
City equipment involved? YES NO What equipment? _____
Privately owned item involved? YES NO What item? _____
Example: Mailbox, fence, pipeline, etc.

BLOCK 6: COMPLETE FOR ALL ACCIDENTS IF INFORMATION IS AVAILABLE

Witness: _____ Address: _____ Phone: _____
Witness: _____ Address: _____ Phone: _____
Witness: _____ Address: _____ Phone: _____

BLOCK 7: COMPLETE A SUMMARY IN DETAIL FOR ACCIDENTS, INJURIES, OR DAMAGES WITH WHO, WHAT, WHEN, WHERE, HOW, AND WHY FOR EACH PERSON INVOLVED.

BLOCK 8: COMPLETE FOR ACCIDENTS, INJURIES, OR DAMAGES

Treatment refused: YES NO Ambulance Called: YES NO
Injured taken to: Hospital Clinic N/A
Name of Hospital: _____ Doctor's Name: _____
First aid given: YES NO Type of first aid: _____
Was employee counseled? YES NO Counselor: _____

BLOCK 9: ADDITIONAL REMARKS

Email original photos of the incident scene and damage to Risk Management. Thank You.

SUPERVISOR PRINTED NAME: _____
SIGNATURE: _____
DEPARTMENT PRINTED NAME: _____
HEAD SIGNATURE: _____