Protective Insurance Company

INJURY OR ACCIDENT REPORT

Fill out all fields. Be as specific as possible and include drawings, photos and additional narrative as needed.

Facility/location: _____

INCIDENT TYPE:

☐ Injury ☐ Incident ☐ Equipment/property damage ☐ Close call/near hit

CONTACT INFORMATION

Reporting supervisor/investigator name: _____

Title: _____ Department: _____

Phone number: _____

Date of incident: _____ Time of incident: _____

Date of report: _____ Time of report: _____

Contractor involved? If yes, name and contact information: _____

TRIP DETAILS

Origin: _____ Destination: _____

Exact purpose of trip: _____

Date and time trip began: _____

To be completed by driver's supervisor:

Did this accident occur within the employee's scope of duty? ☐ Yes ☐ No

Supervisor's name: _____

Supervisor's title: _____

Supervisor's signature and date: _____

INJURED PARTY

If no injury, check this box and skip to next section. ☐ No injury

Name: _____ Title: _____

Address: _____

Work phone: _____ Home/cell phone: _____

Nature of injury/illness:

☐ Strain/sprain	☐ Amputation	☐ Chemical reaction
☐ Fracture	☐ Dislocation	☐ Allergic reaction
☐ Laceration/cut	☐ Internal	☐ Concussion
☐ Bruising	☐ Burn/scald	☐ Heat-related illness
☐ Scratch/abrasion	☐ Foreign body	☐ Other (specify):

Body part(s) injured: _____

Treatment:

☐ First aid ☐ Emergency room ☐ Doctor's office ☐ Hospital stay

Name and address of treating doctor/facility: _____

Other comments: _____

WITNESSES

Witness 1

Name: _____

Address: _____

Work phone: _____ Home/cell phone: _____

Witness statement attached? ☐ Yes ☐ No

Witness 2

Name: _____

Address: _____

Work phone: _____ Home/cell phone: _____

Witness statement attached? ☐ Yes ☐ No

POLICE INFORMATION

Name of police officer: _____

Badge number: _____ Phone number: _____

Precinct or headquarters: _____

Person charged with accident: _____

Violations: _____

PROPERTY DAMAGE

List property/material damaged: _____

Location of damaged property: _____

Nature of damage: _____

Object/substance inflicting damage: _____

Name of owner: _____

Address: _____

Work phone: _____ Home/cell phone: _____

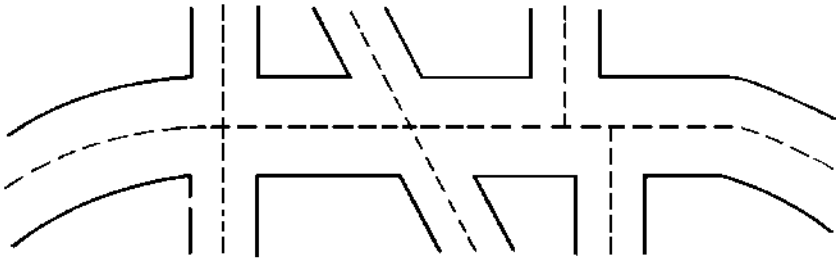
Name of insurance company: _____

Phone number: _____ Policy number: _____

Estimated cost: _____

THE INCIDENT

Indicate on this diagram how the accident happened.



Write in street or highway names or numbers.

Label your vehicle as number 1 and additional vehicles with subsequent numbers.

Use an arrow to show direction of travel.

Use a solid line to show path before accident and a dotted line to show path after the accident.

Show pedestrians with a circle.

Place an arrow in this circle to indicate north. ◯

Point of impact

Check the point of impact for each vehicle.

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Front			Right rear		
Right front			Left rear		
Left front			Right side		
Rear			Left side		

Describe what happened. Refer to vehicles using the numbers from your diagram above. Use additional paper as needed.

Information to include:

a. Who was involved
b. When and where the incident happened
c. What happened and how
d. Place of accident
   - Street address, city, state, ZIP code
   - Nearest landmark
   - Distance to nearest intersection
   - Road description
   - Type of locality (industrial, business, residential, open country, etc.)
e. Posted speed limit
f. Approximate speed of the vehicles
g. Road conditions
h. Weather conditions
i. Driver visibility
j. Condition of accident vehicles
k. Traffic controls/signals
l. Condition of light (daylight, dusk, night, dawn, artificial light, etc.)
m. Driver actions (making U-turn, passing, stopped in traffic, etc.)

DRIVER SIGNATURE

I certify that the information on this form is correct to the best of my knowledge and belief.

Driver name: _____ Driver signature: _____

Date: _____

ACCIDENT INVESTIGATION DATA

Did the investigation disclose conflicting information? ☐ Yes ☐ No

If yes, explain below.

Persons interviewed:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

ROOT CAUSE ANALYSIS

What was the root cause of the incident? What actually caused the illness, injury or incident?

✓	Unsafe Acts	✓	Unsafe Conditions	✓	Management System Deficiencies
	Improper work technique		Poor workstation design or layout		Lack of written procedures or safety rules
	Improper PPE, not used or used incorrectly		Fire or explosion hazard		Safety rules not enforced
	Safety rule violation		Congested work area		Hazards not identified
	Operating without authorization		Hazardous substances		PPE unavailable
	Failure to warn or secure		Inadequate ventilation		Insufficient worker training
	Operating at improper speeds		Improper material storage		Insufficient supervisor training
	Bypassing safety devices		Improper tool or equipment		Improper maintenance
	Guards not used		Insufficient job knowledge		Inadequate supervision
	Improper loading or placement		Slippery conditions		Insufficient job planning
	Improper lifting		Poor housekeeping		Inadequate hiring practices
	Servicing or adjusting machinery in motion		Excessive noise		Poor process design
	Horseplay		Inadequate guarding of hazards		Inadequate workplace inspections
	Drug or alcohol use		Defective tools/equipment		Inadequate equipment
	Unsafe act(s) of others		Insufficient lighting		Unsafe design or construction
	Unnecessary haste		Inadequate fall protection		Unrealistic scheduling
	Other		Other		Other

List immediate actions taken and results:

What should be done to prevent a recurrence? Be specific as to what would prevent the injury, incident or damage from occurring again.

CORRECTIVE ACTIONS TRACKING

Fill in all fields with verifiable information.

List actions that have or will be taken to prevent a recurrence.	Assigned to whom	Scheduled completion date	Actual completion date	Follow-up date

INVESTIGATION TEAM SIGNATURES

Signature: _____

Name: _____ Title: _____

Signature: _____

Name: _____ Title: _____

Signature: _____

Name: _____ Title: _____

ATTACHMENTS

List all attachments to this report:
