

# City of Hammond Employee Accident/Incident Report

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ am/pm

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

What work activity was being done when the injury occurred? Give weight, size and shape of materials or equipment involved. Explain what the employee was doing with them. \_\_\_\_\_

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What factors contributed to injury or incident? Describe fully the events which resulted in injury. Explain what happened and how it happened. \_\_\_\_\_

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List and describe any property damage: \_\_\_\_\_

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If City vehicle is involved: Unit#: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

Describe the extent of vehicle damage: \_\_\_\_\_

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Could this accident/injury have been prevented? \_\_\_\_\_ If yes, how? \_\_\_\_\_

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Were all policies and procedures followed? \_\_\_\_\_ If no, explain: \_\_\_\_\_

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Names and addresses of witnesses: \_\_\_\_\_

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_