

Incident/Accident Analysis Form

Department: _____

Name of injured person/Persons: _____

(If the accident injured more than one person, attach the above information for each additional person injured.)

Witnesses:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

When did the accident occur? Date: _____ Time: _____

Where did the accident occur? Building/Area: _____ Location: _____

Automobile: _____

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred? Yes No If yes, when? _____

What caused the accident?

Carefully consider and list all causes and contributing factors:

- _____
- _____
- _____
- _____
- _____

List each corrective action to be taken. Who will do it and when will it be done?

1. _____

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2.

3.

4.

5.

6.

7.

Attach photographs, sketches of the scene, or other relevant information.

Attach witness statements obtained from each witness.

Attach injured student observations and suggestions for accident prevention.

Prepared by:

Title:

Date:

Signature:

Witness Statement for Incident/Accident Analysis

Name of injured: _____ Date of accident: _____

What was your location in relation to the injured student when the injury occurred?

Please describe your observation of the accident:

What are your suggestions to help prevent future accidents such as this?

Witness name: _____ Date: _____

Witness signature: _____

Injured Person Suggestions for Incident/Accident Prevention

Name of injured: _____ Date of accident: _____

Describe how your accident occurred:

What are your suggestions to help prevent future accidents such as this?

Injured student name: _____ Date: _____

Department Head signature: _____