



## CITY OF TOLEDO – Incident Report

- Immediate Supervisor/Foreman should complete form with employee input
- Use reverse side for additional comments
- Attach 801 if a claim is filed

1. Employee \_\_\_\_\_ Department \_\_\_\_\_
  2. Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ m. Supervisor \_\_\_\_\_
  3. Accident location \_\_\_\_\_
  4. Describe accident fully: (what happened and why; identify unsafe conditions and/or actions)
  
  5. What corrective action was taken, or planned, to prevent similar accidents from occurring in the future?
  
  6. List witnesses and phone numbers:
  
  7. When was accident reported \_\_\_\_\_ To whom \_\_\_\_\_  
Was accident reported within 24 hours of occurrence \_\_\_\_\_  
If not, why not \_\_\_\_\_
  
  8. Was accident caused by faulty equipment \_\_\_\_\_  
If yes, preserve evidence and identify piece(s) of equipment \_\_\_\_\_
  
  9. Was the accident caused by another person not employed by the City \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_
  10. Describe injury (part of body/type of injury)
  
  11. Describe first aid/medical treatment (when and by whom)
  
  12. Is previous injury or condition of the employee a contributing factor \_\_\_\_\_  
If so, explain \_\_\_\_\_
  
  13. Is there a reason to question whether this is a job-related injury or illness \_\_\_\_\_
- Name \_\_\_\_\_ (Supervisor/Foreman) Date \_\_\_\_\_