	Vehicle/Equipment Accident or Property Damage Form To be completed by Coworker Only ort within 24 Hours of Accident/Incident and Return to Supervisor**	
Date of Accident:	Time of Accident:	
Address of Accident:		
Last Name:	First Name:	MI:
Department:	Position Title:	
Immediate Supervisor:	Supervisor Notified:	
Date and Time Supervisor Not	ified: Witnesses:	
Drug Test?: Yes No	Responding Law Enforcement Agency:	
	VIN of Other Vehicle: Other Property Damage:	
Description of Accident (whe	en no injury):	
Property Damage:		
Property Owner Name:		
Address:		
Number:		
Description of Damages/Sto	len Property:	

Additional Comments:

I certify that my statements made in this report are true, complete and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this report. I understand that false information may be grounds for dismissal.

Coworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## City of Hickory Vehicle/Equipment Accident or Property Damage Form Supervisor Investigation Form

## \*\*Submit this Report within 24 Hours of Accident/Incident to Risk/Human Resources\*\*

Did Coworker Return to Work?	Yes	No	If so, Date and Tim	ne Return	ed:	
Time Coworker Began Work:Number of Hours Scheduled to Worked:						
Who was responsible for the job site?:						
Was the coworker interviewed regarding the accident/incident?					No	
If so, when were they interviewed?:						

What Personal Protective Equipment or Safety Equipment Was Being Used?						
<ul> <li>Safety Glasses</li> <li>Respirator/Mask</li> </ul>	□ Hard Hat □ Gloves					
<ul> <li>Hearing Protection</li> <li>Safety Boots/Shoes</li> </ul>	<ul> <li>Flagging/Signage/Barricades in Place</li> <li>Chaps</li> </ul>	Was Equipment Used Correctly?				
Safety Vest     Gas Detector	<ul> <li>Other (specify)</li> <li></li></ul>	□ Yes				
🗆 Seat Belt		□ No				

How could this accident/incident been avoided? What, if any, changes will be made?:

Was this corrective action made aware to the coworker? Yes No

Was disciplinary action taken? Yes No If not, please explain:

Other Comments or Information:

I certify that my statements made in this report are true, complete and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this report. I understand that false information may be grounds for dismissal.

Supervisor Signature:	Date:
Department Head Signature:	Date: