## Baldwin County Personnel Department Property Damage / Collision / Injury / Illness Investigation Report

## \*THIS FORM IS TO BE FILLED OUT IN A TEAM EFFORT BY A SAFETY REPRESENTATIVE, SUPERVISOR, AND RELEVANT PERSONNEL AS NEEDED.\*

\*\*Please complete only the sections that are applicable to the type of report that you are investigating\*\*

## \*\*\*Please X the type of report being completed. (If more than one please X accordingly.)\*\*\*

Property DamageCollision	InjuryI	llness
1.) Employee's Full Name:	8.) Employee Job	Title:
2.) Today's Date:		
3.) Direct Supervisor's Name:	10.) Full or Part Ti	me Employee:
4.) Location of Incident:		Tumber: ()
5.) Date Incident Occurred:	12.) Time of Incide	ent
6.) Date First Reported to Supervisor by Employee:	13.) Time First Rep	oorted:
7.) Days Lost at Time of Investigation:	14.) Employee Pho	ne Number: ()
15.) Was medical treatment provided?	YES □	NO □
16.) Was the incident a violation of the Personnel Handbook?	YES $\Box$	NO □
17.) Was proper procedure being followed by the employee?	YES $\Box$	NO □
18.) Was employee instructed in safe operating procedures?	YES $\Box$	NO □
19.) Prior discipline for safety procedures?	YES $\Box$	NO □
20.) Was employee performing his/her regular duty at the time of injury?	YES □	NO □
If the answer is no, what were the employee's duties at the time of the in	ijury?	
21.) Describe the Equipment, Object or Substance causing incident:		
21.) Describe the Equipment, Object of Substance edusing metaent.		
22.) Was the employee provided with the proper safety equipment to safely	perform his/her job?	
	F J	
23.) Is this related to manual material handling? (Is so, please describe.)		
24.) Describe the incident in detail:		
25.) Please describe employee injury if applicable:		
26.) When did you (the supervisor) first learn of the employee's incident?		

27.) Names of Witness(es):	27.) Names of Witness(es):					
28.) Doctor Visit Required: Y	28.) Doctor Visit Required: YES NO 29.) Drug Screen Required: YES NO 30.) Drug Screen Performed: YES NO					
31.) Contributing Causes (Uns	safe acts/conditions contributing	g to the <u>injury/illness</u> (X all tha	t apply).)			
Caught Between	Pushing	Lockout / Tagout	Faulty Equipment			
Caught In	Pulling	Confined Space Entry				
Caught Under	Lifting	Manual Material				
		Handling				
Falls Against	Struck By	Overexertion				
Falls From Elevation	Stepped In	Temperature Extremes				
Falls Into	Stepped On	Occupational Health Hazards	8			
Falls On The Same Level	Stepped To	Noise				
Jumped On	Stepped From	Video Display Terminal				
Jumped To	Repetitive Motion	Lighting				
Jumped From	Vibration	Guarding	Prior Injury			
32.) Could the incident recur:	Often	o Ccasio	onally   Rarely			
If so, would it possibly be			onally $\square$ Rarely $\square$ erious $\square$ Minor $\square$			
is so, would it possioly of	c. Very Berrous	,	orious a minor a			
33.) Please list a valid mailing	address for the employee:					
34.) Was the proper internal re	eporting procedure followed by	the Injured Employee? YES	S NO			
35.) Was the proper internal re	eporting procedure followed by	the Employee's Supervisor?	YES NO UNDETERMINED			
36.) Photos taken at scene:	YES NO	If photos taken, who took the	m:			
37.) Did incident involve an A	Authorized Motor Vehicle, Off F	Road Equipment, or Both? (Plea	ase explain).			
	ehicle or Off Road Equipment					
39.) Was Authorized Motor V	ehicle or Off Road Equipment	at an intersection: Yes No	)			
40.) The Authorized Motor Vehicle or Off Road Equipment was: On Roadway or Off Roadway						
41.) Environmental Condition	s: (Please X all that apply)					
<u>Weather</u> <u>Su</u>	<u>rface</u> <u>Traffic Control</u>	<u>Light</u>	# of Roadway Lanes			
	_DryStop Sign	Daylight	2			
	_WetYield Sign	Dawn	3			
_	_IcyTraffic Signa		4			
	_SnowFlagman	Unlighted Road	5			
Foggy	Uncontrolled	ĕ	6			
OtherOtherOtherOther						
Roadway Roadway Characteristics Unusual Road Conditions						
Roadway Ro	adway Characteristics	<u>Unusual Road Conditions</u>				
Divided	_Straight & Level	<u>Unusual Road Conditions</u> Holes/Deep Ruts				
Divided Undivided						
Divided	_Straight & Level	Holes/Deep Ruts				
Divided Undivided Asphalt Concrete	_Straight & Level _Straight & Grade _Straight & Hillcrest _Curve & Level	Holes/Deep RutsObstruction in RoadFloodedConstruction/Repair Zone				
Divided	_Straight & Level _Straight & Grade _Straight & Hillcrest _Curve & Level _Curve & Grade	Holes/Deep RutsObstruction in RoadFloodedConstruction/Repair ZoneReduced Road Width				
DividedUndividedAsphaltConcreteGravelDirt	Straight & Level _Straight & Grade _Straight & Hillcrest _Curve & Level _Curve & Grade _Curve & Hillcrest	Holes/Deep RutsObstruction in RoadFloodedConstruction/Repair Zone				
Divided	Straight & Level Straight & Grade Straight & Hillcrest Curve & Level Curve & Grade Curve & Hillcrest Other	Holes/Deep RutsObstruction in RoadFloodedConstruction/Repair ZoneReduced Road WidthOther				
DividedUndividedAsphaltConcreteGravelDirtOther  42.) County Authorized Motor	_Straight & Level _Straight & Grade _Straight & Hillcrest _Curve & Level _Curve & Grade _Curve & Hillcrest _Other r Vehicle or Off Road Equipme	Holes/Deep RutsObstruction in RoadFloodedConstruction/Repair ZoneReduced Road WidthOther  nt Information if applicable:				
Divided	_Straight & Level _Straight & Grade _Straight & Hillcrest _Curve & Level _Curve & Grade _Curve & Hillcrest _Other r Vehicle or Off Road Equipme	Holes/Deep RutsObstruction in RoadFloodedConstruction/Repair ZoneReduced Road WidthOther  nt Information if applicable:				

# Of O	# C t - 1.	# 64	4:	1	4 T 4.		
# Of Occupants: Was Vehicle Towed:	Yes No	# St By Whom:		#	r mjurea:		
43.) Type of Collision		By Whom: _					
Other Vehicl		Bicyclist	Pedestrian	Anim	al Train	Off Road Equipment	
44.) If a Non County	Owned Vehicle was	involved, please	complete	the follow	ving informat	ion:(If more than two vehicle	, please
use an additional shee	for their information	n)					
Name of Duisses		Dhaa	- ш				
Name of DriverAddress		Pnone	e #			<del></del>	
Date of Birth:	Sex: M F I	Drivers Lic. #:		Lic. S	tate:	<del>_</del>	
# Of Occupants: VIN Number: Was Vehicle Towed:	Year: Colo	or: Mal	ke/Model:			<del></del>	
VIN Number:		Tag Numbe	r:		Tag Stat	e:	
Was Vehicle Towed:	Yes No	By Whom: _					
Insurance Company: _ Owner of Vehicle (if I	Different from Drive						
Phone #:							
1110110 111							
45.) Damage Informat	ion: (County Equipr	nent is V1 and o	other equip	ment is V	2)		
T 11 . 1	G	1 (171)					
Indicate dam 2	age on County Vehic	cle (VI):		0 = 1	Vono		
2				0 = 1 9 = 1			
Front 1	5	Rear			Inder carriage		
				11 = 7	Γotaled		
8	7 6			12 =	Other		
Indicate dan	age on Other Vehic	le (V2):					
2	3 4	( / .		0 = 1	None		
				9 = 7			
Front 1	5	<u>Rear</u>			Inder carriage		
8	7 6			11 = 1 12 = 1	Totaled Other		
O	7 0			12 -	Other		
46.) Pre-Incident Mov	ement: (Please X all	that apply)					
V1 V2/9			V1	V2/OV			
	Going Straight				Exiting Vel		
	Making Right				Entering Ve		
	Making Right				Slowing or	11 0	
	Making Left T				Stopped at	Traffic	
	Making U Tur				Parked	.''. D 1	
	Changing Land	es				oject in Road	
	Passing				Vehicle Lig		
	Merging				J	Flashers / Strobes	
	Backing				Lights Acti		
	Other				Left Turn S		
	Vehicle was p	arked			Right Turn	~	
Posted Speed Limit	<u>r</u>	Estimated Sp	eed		Direction		
V1 =M		MI			N S E W		
V2 =M	V2 =	MI	PH	V2 = 1	N S E W		
		Dodost	ion / Diarra	list Astis	n		
Pedestrian / Bicyclist Action					<u>'11</u>		

Crossing with signal		1 L	Riding/wa	alking along	g highway with traffic
Crossing with signal Crossing no signal or crosswalk			Riding/wa	alking along	g highway against traffic
Crossing no signal or crosswark  Crossing against signal		1	Emerging	from in fro	ont/behind parked vehicle
Crossing against signal Crossing no signal or marked crosswalk		† [	Getting in	out of veh	icle (Not Bus)
Going to/from stopped bus	†	T T	vorking on		
Other		1 -		on roadway	
Other		, <u> </u>	working	on roadway	
Backing Head-On Rear-ends Vehicle Right Mirror Wheelchair Lift Operations	Merging Right Angl	ear-ends Bus r		Sidesw Passing Sudden Ran off Other_	Stop
Police Investigated: Yes No	Police Departm	nent:			
Officer Name (Badge #): Citation/ Arrest:None issued	Rej	port Number:			
Citation/ Arrest:None issued	_Operator 1 O	perator 2E	Bicyclist	Pedest	trian
47.) Collision Diagram					
+7.) Comsion Diagram					
Indicate North by Arrow					Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:  -> = Direction  1 = Vehicle 1 (Your Vehicle)
					2 = Vehicle 2 O = Pedestrian/Non-motorist = North
					Select one of the following if the crash did not occur on a public way:  Off-street parking lot Garage Mall/shopping center Other private way
	se solid line to show				
(B)	Use dotted line to sl	how path of veh	icle after collis	sion.	
48.) Please explain any <b>other</b> unsafe ac	t(s) or hazardous co	ndition(s) that co	ould have cont	ributed to tl	his incident (give details):
40.) I lease explain any other unsafe ac	(s) of flazardous con	nation(s) that co	outa nave com	ilouted to ti	ins merdent (give detains).
					·
49.) List any corrective action suggested	d or any action to h	o tokon: **NOT	E** It is the c	worall roor	oneihility of the
Appointed Department Director to co					onsidility, of the
	press or delig Co		as suggested		
50.) Person and Position Title to whom	corrective action wa	as assigned:			

51.) Date corrective action to be completed	:	
52.) Comments:		
Direct Supervisor Signature / Date		Injured Employee Signature / Date
Safety Coordinator Signature/ Date	Risk Manager Signature / Date	Personnel Director Signature / Date
Appointed Dept. Director Signature / Date		County Commission Chairman Signature / Date