



VEHICLE ACCIDENT REPORT

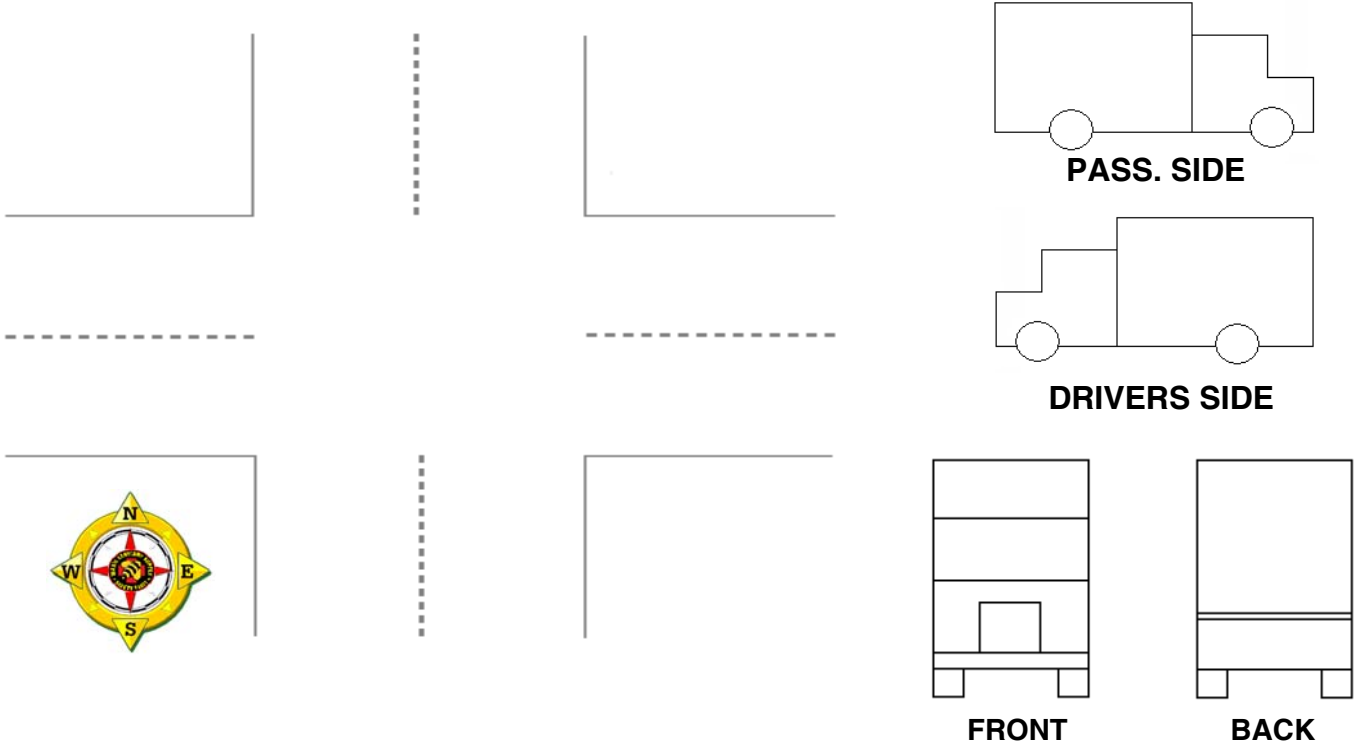
To be completed by employee involved in vehicle accident. Please fill in all boxes.

WAXIE Location:		
Location Address:		Phone #:
Company Driver's Name:	Driver's License #:	Position:
Vehicle Make, Year & Model	License Plate #:	VIN #: (Last 6 digits)
Describe Damage to Company Vehicle:		Weather Conditions:
Date of Accident:	Time of Accident:	Date Reported:
Other Driver's Name	Address:	
Phone #:	Driver's License #:	
Vehicle Make/Model:	Year:	License #:
Vehicle Owner Name:	Address:	Phone #:
Other Vehicle's Insurance Company Name:		Policy #:
Address:		Phone #:
Describe Damage to Other Vehicle or Property:		Photos Taken?
Police Report Number and Office:	Citations Issued:	Number of Passengers:
Passenger Names and Addresses:		
Persons Injured and Nature and Extent of Injury:		
Witness Name, Address and Phone Number:		
Witness Name, Address and Phone Number:		
Driver Name:	Signature:	Date:
Supervisor Name:	Signature:	Date:
Operations Manager Name:	Signature:	Date:

Please complete accident description and diagram on page 2. Submit to supervisor upon completion.

Description of accident (use extra pages if necessary)

***Important – Please draw a diagram showing position of WAXIE vehicle and other vehicles, pedestrians, or structures involved. Attach photographs.**





SUPERVISOR'S VEHICLE ACCIDENT TO WORK RELATED INJURY INVESTIGATIVE REPORT

To be completed by Supervisor. Please fill in all boxes.

WAXIE Location:			
Location Address:			Phone #:
Employee Name:		Position:	Date of Hire:
Employee Accident History			
Type of Accident:		Date of Accident:	
 Vehicular	 Industrial		Preventable Non-Preventable
 Vehicular	 Industrial		Preventable Non-Preventable
 Vehicular	 Industrial		Preventable Non-Preventable
 Vehicular	 Industrial		Preventable Non-Preventable
Briefly Describe What Happened:			
What Specific Unsafe condition Contributed to the Accident (i.e., rain, heavy traffic, uneven or wet surface):			
What Specific Unsafe Act by the Employee Caused or Contributed to the Accident (i.e. speeding, improper backing or lifting):			
Was Drug/Alcohol Test Performed Immediately After Accident? Yes No (Reason)			
How Could Employee Have Prevented Accident:			
Describe Action Plan/Steps Taken to Help this employee Avoid Similar Accident in the Future:			
Describe Action Plan/Steps Taken and Dates Completed. Please Attach Documentation:			
Recertification	Road Test	Disciplinary Action Form	Field Training
Other, Please Explain:			
Driver Name:	Signature:	Date:	
Supervisor Name:	Signature:	Date:	
Manager Name:	Signature:	Date:	

ROOT CAUSE ANALYSIS WORKSHEET

Describe the event that occurred (briefly):

WHY #1?

WHY #2?

WHY #3?

WHY #4?

WHY #5?

The root cause of the incident was:

Measures to prevent future recurrence will be:

Root Cause Analysis Conducted by: _____

Projected Date of Completion: _____