



Investigation Checklist
Minimum Required Information When Accident Occurs
(Non Mandatory if Other Reports are Completed with Essential Information)

Date and Time of incident: _____

Exact location and address of incident: _____

Full names, addresses, and phone numbers of all parties involved in the accident – including witnesses:

Injured employee's occupation, age and employer: _____

Detailed description of what injured employee was doing when hurt: _____

The nature and extent of the injury: _____

Where was injured taken for treatment: _____

Type of transportation: _____

Were authorization and drug screen forms sent with the injured? Yes / No (Circle one)

Description of property damaged, identification numbers, etc. _____

Owner and address of property damaged: _____

Year, make, model, serial number, license plate number of vehicle: _____



Insurance information for other parties involved – if applicable: _____

Did you obtain witness statements or accounts of accident? Yes / No (Circle one)

**Have you secured the scene and/or taken photographs of the scene for the incident investigation team.
Yes / No (Circle one)**

NOTE: Insure that the details of the incident fully describe and address – who, what, when, where, and how.

Name and contact information of person completing this form: _____

Signature of investigator: _____

DO NOT DISCARD

**THIS FORM IS A LEGAL DOCUMENT AND MUST BE RETAINED FOR A
MINIMUM OF 36 MONTHS**