

ERIE COUNTY INCIDENT AND ACCIDENT REPORT

**** MUST BE COMPLETED WITHIN 24 HOURS****

TO BE COMPLETED BY INJURED PERSON OR SUPERVISOR

NAME _____ DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

ADDRESS _____ CITY _____ ZIP CODE _____ PHONE NO. _____

JOB TITLE _____ DEPT./UNIT/SHIFT _____ DID ACCIDENT HAPPEN ON OVERTIME? _____

IS EMPLOYEE MANAGERIAL-CONFIDENTIAL? [] YES [] NO

ACCIDENT REPORTED TO _____ DATE AND TIME REPORTED _____

EXACT LOCATION OF ACCIDENT _____

DESCRIBE EXACTLY WHAT HAPPENED _____

EXACT BODY PART AFFECTED (PLEASE BE SPECIFIC) _____

EXACT NATURE OF INJURY (PLEASE BE SPECIFIC) _____

HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED? _____

PREVIOUS RELATED INJURIES? YES NO IF YES, PLEASE DESCRIBE: _____

Note: Claim will not be processed without the name of the supervisor or management representative notified.

How was supervisor notified? Spoke to supervisor on phone Supervisor witnessed accident
 Left voice mail Spoke to supervisor in person after the accident
 Other - Explain _____

NAMES OF PERSONS THAT WITNESSED ACCIDENT _____

NAMES OF PERSONS WHO WERE AWARE THAT INJURY OCCURRED _____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT ANY WILLFUL OMISSION OR FALSIFICATION OF INFORMATION IN THIS REPORT WILL MAKE ME LIABLE FOR FRAUD PROSECUTION TO THE FULL EXTENT OF THE LAW.

EMPLOYEE SIGNATURE _____ PHONE _____ DATE _____

DEPARTMENT HEAD OR SUPERVISOR'S SIGNATURE _____ PHONE _____ DATE _____

EMPLOYEE DATE OF HIRE _____

ERIE COUNTY
SUPERVISOR'S INCIDENT/ACCIDENT
INVESTIGATION REPORT

AS A RESULT OF YOUR INVESTIGATION, DESCRIBE WHAT HAPPENED, HOW IT HAPPENED, ANY FACTORS CONTRIBUTING TO THE OCCURRENCE, WHOM SPOKE TO, POTENTIAL CAUSES, AND THE RESULTS OF THE INVESTIGATION, ASSESSMENT OF INJURY: _____

WHAT STEPS/ACTIONS HAVE BEEN OR WILL BE TAKEN AS A RESULT OF THIS INVESTIGATION TO MINIMIZE RECURRENCE OF A SIMILAR INCIDENT/ACCIDENT?: _____

ADDITIONAL COMMENTS: _____

SIGNATURE OF IMMEDIATE SUPERVISOR

PHONE

DATE

REVIEW BY:

SIGNATURE OF DEPARTMENT HEAD

PHONE

DATE