

**CITY OF MT PLEASANT**  
**ACCIDENT / INJURY / INCIDENT INVESTIGATION REPORT**



Employee Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Date Reported \_\_\_\_\_ Time of Injury \_\_\_\_\_

*Last First MI*

Job Title \_\_\_\_\_ Assigned Department \_\_\_\_\_ Nature of Injury \_\_\_\_\_ Part of Body Injured or Exposed \_\_\_\_\_

*(Example: Fall, Cut, Bite) (Example: Arm (R), Leg (L), Back (Upper/Lower))*

Description of Incident (use additional page if necessary)

*Have you addressed the "Four W's" and "H" required for an accident investigation? (Who, What, When, Where and How)*

Supervisor of Injured Employee \_\_\_\_\_ Supervisor Contact Information \_\_\_\_\_ Was employee doing his regular job?  Yes  No

*Supervisor's Name Supervisor's Phone number(s)*

Address where injury or exposure occurred – Name of business if incident occurred on a business site:

\_\_\_\_\_ *Business Name Address City State ZIP*

Medical Attention Received:  Yes  No

List Doctor or Facility Name, Address, & Phone Number(s):

\_\_\_\_\_ *Doctor / Facility Name Address Phone Number Phone Number*

Witnesses Name (s) & Contact Information

\_\_\_\_\_ *Witness Name Phone Number Witness Name Phone Number*

\_\_\_\_\_ *Witness Name Phone Number Witness Name Phone Number*

Corrective Actions (Include persons with assigned responsibilities and completion date for each): **\*\*Required Field\*\***

\_\_\_\_\_ *Name and Title of Person Completing Form Phone Number*

\_\_\_\_\_ *Signature of Person Completing Form Date*

\_\_\_\_\_ *Supervisor Name / Title Phone # Signature Date*

Investigation Attendance (Names)

\_\_\_\_\_  
\_\_\_\_\_

Any damage to property?  Yes  No If yes, what type of property? \_\_\_\_\_

Was there a policy violation?  Yes  No If yes, which one? \_\_\_\_\_

\_\_\_\_\_ Initial Report

\_\_\_\_\_ Final Report

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Description of Incident Additional Page

[Empty box for description of incident]