

SECTION ONE

NOTE: SECTION ONE MUST BE SUBMITTED IMMEDIATELY FOR MEDICAL TREATMENT AUTHORIZATION

CITY OF HOLLYWOOD, FLORIDA
ACCIDENT/INJURY REPORT

(PLEASE PRINT)

TYPE OF ACCIDENT: [] MOTOR VEHICLE [] CDL VEH/OPERATOR-SUBSTANCE TEST REQUIRED [] YES [] NO
[] PERSONAL INJURY [] CITY PROPERTY DAMAGE [] PERSONAL PROPERTY DAMAGE [] OTHER
POLICE INVESTIGATION: [] YES [] NO POLICE REPORT # CITY VEHICLE #

EMPLOYEE INFORMATION

NAME (Last) (First) (MI) BADGE# DATE OF BIRTH
HOME ADDRESS (INCLUDE CITY STATE & ZIP CODE) HOME PHONE WORK PHONE
JOB TITLE DEPARTMENT SUPERVISOR NAME (Print)

EMPLOYEE ACCIDENT REPORT

LOCATION OF ACCIDENT:
DATE&TIME OF ACCIDENT/DATE & TIME REPORTED/INJURED ON REGULAR JOB [] YES [] NO

DESCRIBE HOW ACCIDENT HAPPENED:

DESCRIBE INJURY:

EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE

INJURED TAKEN TO HOSPITAL [] YES [] NO INJURED TAKEN TO DOCTOR [] YES [] NO
LOST TIME [] YES [] NO

NAME OF HOSPITAL NAME OF DOCTOR FIRST DAY LOST (M-D-Y)

PROPERTY DAMAGE INFORMATION

DESCRIBE NATURE AND EXTENT OF VEHICLE OR PROPERTY DAMAGE:

OTHER PARTY INVOLVED/WITNESS INFORMATION

WITNESSES: (GIVE FULL NAME, ADDRESS & PHONE NUMBER)

NOTE: SECTION TWO OF FORM MUST BE COMPLETED WITHIN 24 HRS. OF OCCURRENCE - (REVERSE SIDE)

SECTION TWO

SUPERVISOR'S INVESTIGATION

CAUSE OF ACCIDENT

- NOT USING PROTECTIVE EQUIPMENT UNSAFE ACT UNSAFE CONDITION
 NOT USING PROPER METHOD OR TOOLS
 FAULTY EQUIPMENT OR FACILITY (EXPLAIN) _____
- CARELESSNESS
 OTHER

SUPERVISOR'S EXPLANATION OF ACCIDENT:

DESCRIBE ACTION TAKEN TO AVOID SIMILAR ACCIDENT:

SUPERVISOR SIGNATURE DATE

DIVISION/DEPARTMENT REVIEW

COMMENTS:

DIVISION HEAD SIGNATURE DATE DEPARTMENT HEAD SIGNATURE DATE

HUMAN RESOURCES/COMMENTS

CONCUR WITH ABOVE YES NO (IF NO EXPLAIN)

SAFETY DIVISION REP. SIGNATURE

NOTE: PART TWO OF THIS REPORT SHOULD BE SUBMITTED TO RISK MANAGEMENT WITHIN
24 HOURS OF OCCURRENCE.