



# INJURY/ACCIDENT REPORT FORM

## CITY OF MERCER ISLAND, WA

### Instructions when an injury or accident occurs:

1. If this was an **INJURY** of a serious nature, please call 911 or send the injured person to the hospital or a clinic immediately.
2. If this was an **ACCIDENT** involving a City vehicle, have it investigated by the Mercer Island Police Department or the jurisdiction in which the accident occurred.
3. Fill out this form and make a copy for your records.
4. If this is a report relating to an employee, send the original of this form to the Payroll/Benefits Office for processing.
5. If this is a report relating to a citizen, send the original of this form to the City Attorney's Office.

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|--|--|
| <p><b>TO BE COMPLETED BY EMPLOYEE OR CITIZEN:</b></p> <p><input type="checkbox"/> <b>Injury</b> (cut, burn, sprain, fall, etc.).</p> <p><input type="checkbox"/> <b>Accident</b> (damaged a piece of equipment or a vehicle).</p> <p style="margin-left: 40px;"><input type="checkbox"/> Check this box if you are a citizen. List your address &amp; telephone: _____</p> <p style="margin-left: 40px;">_____</p> | <p><b>INSTRUCTIONS:</b></p> <p>Check the one that applies to your injury or accident then fill out the information below and submit this form to your supervisor or Department Director as soon as possible.</p> |
|--|--|

|                                |  |   |  |
|--------------------------------|--|---|--|
| <b>NAME OF INJURED PERSON:</b> |  | <b>TODAY'S DATE:</b>  |  |
| <b>JOB TITLE:</b>              |  | <b>DEPARTMENT:</b>  |  |
| <b>DATE OF INCIDENT:</b>       |  | <b>TIME OF INCIDENT:</b>  |  |
| <b>LOCATION OF INCIDENT:</b>   |  | <b>DATE &amp; TIME REPORTED:</b>                                    |  |
| <b>NAME(s) OF WITNESSES:</b>   |  | <b>INVESTIGATED BY WHAT POLICE DEPT. (If this was an accident):</b> |  |

**Describe the details of the Injury or Accident. Include the street address or location of the incident and list the names of others who witnessed the incident. Specifically list all injuries and/or the damage to City vehicles or property:**

|   |  |                      |  |
|---|--|----------------------|--|
| <b>EMPLOYEE/<br/>CITIZEN<br/>SIGNATURE:</b> |  | <b>TODAY'S DATE:</b> |  |
|---|--|----------------------|--|

|  |   |
|--|---|
| <p><b>TO BE COMPLETED BY WITNESSES:</b></p> <p>Please list your name and the name of others who witnessed the injury or accident:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><b>INSTRUCTIONS:</b></p> <p>Describe what you witnessed and the conclusions you reached in the space provided below.</p> |
|--|---|

**Describe the details of the Injury or Accident as you saw them:**

|                           |  |                      |  |
|---------------------------|--|----------------------|--|
| <b>WITNESS SIGNATURE:</b> |  | <b>TODAY'S DATE:</b> |  |
|---------------------------|--|----------------------|--|

**Describe the details of the Injury or Accident as you saw them:**

|                           |  |                      |  |
|---------------------------|--|----------------------|--|
| <b>WITNESS SIGNATURE:</b> |  | <b>TODAY'S DATE:</b> |  |
|---------------------------|--|----------------------|--|

|  |   |
|--|---|
| <p><b>TO BE COMPLETED BY SUPERVISOR:</b></p> <p>Is this report completed in sufficient detail for you to assess what happened?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Did you conduct an investigation into the incident and reach a conclusion?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> | <p><b>INSTRUCTIONS:</b></p> <p>Describe your investigation and the conclusions you reached in the space provided below.</p> |
|--|---|

Describe your conclusions about this Injury or Accident and the actions you have taken to prevent this type of injury or accident in the future:

|                              |  |                      |  |
|------------------------------|--|----------------------|--|
| <b>SUPERVISOR SIGNATURE:</b> |  | <b>TODAY'S DATE:</b> |  |
|------------------------------|--|----------------------|--|

|                            |  |                      |  |
|----------------------------|--|----------------------|--|
| <b>DIRECTOR SIGNATURE:</b> |  | <b>TODAY'S DATE:</b> |  |
|----------------------------|--|----------------------|--|