



Accident Investigation Report

Kenai Municipal Code 23.35.080 states, in part, that when accidents occur on City property, the employee shall contact his supervisor immediately and the supervisor shall complete an accident form. In case of a motor vehicle accident, the Police Department shall also be notified immediately.

Date of Accident	Time of Accident	Date Reported	Location
			<input type="checkbox"/> On City Property
Accident Resulted in: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> No Injury/Illness <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Lost Work Time <input type="checkbox"/> Fatality <input type="checkbox"/> Other _____			
Employee Description of Accident (Attach separate sheet if necessary):			
Nature of Injury/Illness			
Person(s) Injured	Person(s) Involved	Job Title	Department
Witness Information			Insurance Code
Analysis (Describe any unsafe acts, conditions, and identify the cause of the accident):			
Recommended Corrective Action:			
Immediate Corrective Action Taken:			

Person(s) Injured/Involved: _____ Date: _____
 Prepared By: _____ Title: _____ Date: _____
 City Manager Review: _____ Date: _____

Follow Up
<input type="checkbox"/> Workers Compensation Claim <input type="checkbox"/> OSHA Report <input type="checkbox"/> Actual Property Damage Cost:
Safety Committee Comments/Recommendations:

Distribution: Safety Committee (Redact Confidential Employee Medical Information) Legal Department
 Finance Department Employee Confidential Medical File (if applicable) Shop (if applicable)