



Non-Vehicle Incident Report

Confidential

INSTRUCTIONS: For the criteria below, a brief but definite narrative should be written. Be concise and to the point. Support the statement with examples whenever possible.

Employee Name:	Employee #:	Report Date:
Employee Position:	Incident Date:	
Employee Supervisor:	Incident Time:	
1. Incident Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No Law Enforcement Agency:		
2. Location of Incident:		
3. Description of Incident <i>(diagram on reverse if necessary)</i> :		
4. Results of Incident? <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Injuries <input type="checkbox"/> Fatalities		
5. What were the Preventable Actions, Events and Conditions Contributing to the Incident?		
6. Are Witness(s) Statements Attached to this Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver Signature:	Signature Date:	
Supervisor Signature:	Signature Date:	
To Be Completed by Safety Director:		
Date Received:	Report Number:	

- Distribution:
- Original to HR Department/Employee File
 - Copy to Employee
 - Copy to Supervisor File