

## Incident/Accident Analysis Form

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Department: \_\_\_\_\_

Name of injured person/Persons: \_\_\_\_\_

(If the accident injured more than one person, attach the above information for each additional person injured.)

Witnesses:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

When did the accident occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the accident occur? Building/Area: \_\_\_\_\_ Location: \_\_\_\_\_  
Automobile: \_\_\_\_\_

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

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What caused the accident?

Carefully consider and list all causes and contributing factors:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

List each corrective action to be taken. Who will do it and when will it be done?

1. \_\_\_\_\_

## Incident/Accident Analysis Form

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7.

**Attach photographs, sketches of the scene, or other relevant information.**

**Attach witness statements obtained from each witness.**

**Attach injured student observations and suggestions for accident prevention.**

Prepared by:

Title:

Date:

Signature:

**Witness Statement for Incident/Accident Analysis**

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Name of injured: \_\_\_\_\_ Date of accident: \_\_\_\_\_

What was your location in relation to the injured student when the injury occurred?

\_\_\_\_\_

Please describe your observation of the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your suggestions to help prevent future accidents such as this?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_

## **Injured Person Suggestions for Incident/Accident Prevention**

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Name of injured: \_\_\_\_\_ Date of accident: \_\_\_\_\_

Describe how your accident occurred:

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What are your suggestions to help prevent future accidents such as this?

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Injured student name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head signature: \_\_\_\_\_