

ACCIDENT INVESTIGATION REPORT

Morgan State University

PART I: EMPLOYEE INFORMATION

Name:		Occupation:		Marital Status:	DOB:
Home Address:	Department:		SS #:	Work Shift:	Rate of Pay:
City:	State:	Zip Code:	Home Telephone:	Male <input type="checkbox"/>	EOD:
				Female <input type="checkbox"/>	

PART II: ACCIDENT INVESTIGATION INFORMATION

Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	Time:
Estimated Cost of Damage: \$			
Work Assignment When Accident Occurred:		Location:	
Briefly Describe Accident (include information on actual bodily injury):			
How did the accident happen? (Explain if equipment, machinery, and/or materials were faulty):			
Was Medical attention sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Facility:	
Were you treated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you released? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lost Time <input type="checkbox"/>	Other Pertinent Information/Facts:		
Fatal <input type="checkbox"/>			
Catastrophe <input type="checkbox"/>			

PART III: WITNESS(ES) PRESENT AT THE SCENE OF THE ACCIDENT

Name:	Name:	Name:
Address:	Address:	Address:
Zip Code	Zip Code	Zip Code
Telephone #: Home:	Telephone #: Home:	Telephone #: Home:
Work:	Work:	Work:

PART IV: SIGNATURES

Employee's Name (please print or type):	Employee's Signature::	Date:
Supervisor's Name (please print or type):	Supervisor's Signature*:	Date Notified:

*NOTE: Completion of the Supervisor's Report is required prior to submission to the Human Resources.

PART V: SUPERVISOR'S REPORT

Employee's Name:		Department:	SS#:
Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	Time:
Estimated Cost of Damage: \$			
Work Assignment When Accident Occurred:		Location:	
Equipment Involved:	Operation Involved:	Other Facts:	
Briefly Describe Accident (include information on actual bodily injury):			
How did the accident happen? (Explain if equipment, machinery, and/or materials were faulty):			
Describe the extent (if any) to which human error was involved:			
What has been done to correct the situation/condition causing the accident? Explain:			
Was Medical Attention Sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Facility:	
Was Employee Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Employee Released? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lost Time <input type="checkbox"/>	Other Pertinent Information/Facts:		
Fatal <input type="checkbox"/>			
Catastrophe <input type="checkbox"/>			

WITNESS(ES) PRESENT AT THE SCENE OF THE ACCIDENT

Name:	Name:	Name:
Address: Zip Code	Address: Zip Code	Address: Zip Code
Telephone #: Home: Work:	Telephone #: Home: Work:	Telephone #: Home: Work: