



TORRANCE COUNTY
ACCIDENT/INCIDENT/PROPERTY DAMAGE REPORT
MUST BE FILLED OUT FOR INCIDENTS, ACCIDENTS, PROPERTY DAMAGE WITH OR WITHOUT INJURY

Date of Report: _____, Time & Date Occurred: _____

How long in current position: _____

Location of Incident, Accident, Property Damage: _____

Day of week: Mon. ____, Tue. ____, Wed. ____, Thurs. ____, Fri. ____, Sat. ____, Sun. ____

Employee's Name: _____ Driver's License #. (If vehicle accident) _____

Property Involved: _____
and/or

County Vehicle: Year & Make _____ Unit # _____

Vehicle License # _____ VIN # _____

Heavy Equip. Serial # _____ Mileage/Hrs _____

One Call Used: Yes _____ No _____ Confirmation # _____

Was a police report filed? Yes _____ No _____; What agency? NMSP ____ County ____ City ____

Was medical attention required? Yes _____ No _____; if yes please mark which

First Aid _____ Emergency Room _____ Doctor _____ Other _____

Body Part Injured (i.e., arm, leg, head etc.) _____

What activity was being performed when incident occurred? _____

What Personal Protective Equipment (PPE) was being used? _____

Description of incident in detail: _____

What were the contributing factors of the incident? _____

EXHIBIT IV

How would you classify the factors in this incident?

Human error _____ Equipment _____ Materials _____ Behavior _____ Environmental _____

Training _____ Procedure _____ Other _____ Struck By _____ Caught In _____

Caught Between _____ Fall Same Level _____ Exposure to _____ Struck Against _____

Caught On _____ Strain _____ Fall Different Level _____

Source (i.e., slippery floor) _____

What would you recommend to reduce or eliminate this type of incident from occurring again?

Signature _____

Date Reported _____

Witness Name _____

Witness Name _____

INCIDENT INVESTIGATION

After supervisor has investigated the incident, (who what, where, and how) please give factors of incident and what preventable measures can be taken.

Immediate Supervisor's Comments: _____

Supervisor's Signature: _____

Date: _____

Safety Officer Comments: _____

Safety Officer's Signature: _____

Date: _____

Elected Official/Department Head Comments: _____

Elected Official/Department Head's Signature: _____

Date: _____