NATIONAL AMERICAN INSURANCE COMPANY

Accident Investigation Report

Employer Name _____

When

Date_____ Report to supervisor or first aid delayed? _____Yes_____No
Time_____ If yes, why?_____

Who

Injured Person's Name _____ Occupation _____

Department _____ Length of Employment _____

Injury/Loss

Nature/Extent of Injuries or Property Damage

_____
_____
_____
_____
_____
_____
_____

Where

Exact location of where injury occurred

_____
_____
_____
_____

What/How

Was the employee doing something other than required duties at the time of accident?
___Yes ___No
If yes, what and why?

_____
_____
_____
_____
_____

Description of accident (detail what employee was doing; how he/she was doing it; and any physical objects such as weights, tools, machines, structures or equipment involved.)

_____
_____
_____
_____
_____

Why

Why did the accident happen?

_____
_____
_____
_____

Supervisor Signature

_____ Date_____

Accident Code

Injury	Property Damage
1) Fall from elevation	1) Fire or explosion
2) Fall same level	2) Collapse
3) Struck by	3) Rupture or bursting
4) Caught in, under or between	4) Collision or overturn
5) Overexertion	5) Other (describe) _____
6) Push/pull Lift/lower Carry/hold	_____ _____
7) Cumulative trauma disorder	
8) Electrical contact	
9) Fumes, dust, gas, caustics, noise, etc	
10) Motor vehicle	
11) Other(describe) _____	
_____	
_____	

Type of Injury _____(1-10) Property Damage _____(1-5)

Comment by Department Head or Manager

Based on the Supervisor's report, a concise statement commenting on who(department/occupation) was injured; what equipment, tools, etc where involved; how, where and why the injury occurred; and whether the suggested action is complete enough to prevent recurrence.

Witness Report

Witness Report #1

Witness Name _____ Phone # _____
Company/Position _____

What was observed _____

Witness Report #2

Witness Name _____ Phone # _____
Company/Position _____

What was observed _____

Witness Report #3

Witness Name _____ Phone # _____
Company/Position _____

What was observed _____