



Taylor County Accident Report

For employee injuries, damage to county property,
damage to citizen property, near misses, etc.

DEPARTMENT HEAD SECTION

Employee Name:

Dept:

Immediate Supervisors Name:

ACCIDENT	
DATE	TIME

EXACT Location where accident occurred

Describe what the employee was doing at the time of the accident:

County Property

Was there damage to property?	Yes	No	
Was there damage to a vehicle?	Yes	No	
Was there damage to Equipment?	Yes	No	

If YES - Describe Here

Public and Personal Property

Was a citizen hurt?	Yes	No	
Was there damage to property?	Yes	No	
Was there damage to a vehicle?	Yes	No	
Was there damage to Equipment?	Yes	No	

If YES - attach Citizen Incident Report
If YES - attach Citizen Incident Report
If YES - attach Citizen Incident Report or police report
If YES - attach Citizen Incident Report

Was the employee acting in the line of duty? YES or NO

AT THE TIME OF THE ACCIDENT (answer every single question!)

Was the employee...

Violating a safety rule?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Showing carelessness?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Adequately trained?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Taking shortcuts?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Wearing their PPE?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Disregarding safe procedures?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Ignoring instructions?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

Was the Equipment...

In good working condition?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Used for it's intended purpose?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Inspected before use?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

WHAT IS THE EMPLOYEE'S WORK STATUS? (Please check all the applicable boxes, below)

- Employee did not seek medical attention (return to full duty)
- Employee treated with First Aid Only (return to full duty)
- Employee DID seek medical attention from: _____
- Employee may return to work with NO restrictions (employee can perform normal duties)
- Employee may return to work on LIGHT DUTY (with restrictions)
- Employee may NOT return to work at all (per Doctor)
- When should the employee see a Doctor for a recheck?: _____
- When did employee get a DRUG TEST? _____

Causes and Corrective Action

Report each specific condition or act that caused this accident AND report your corrective action that is necessary to prevent future occurrences of this accident.

Describe the accident CAUSES (specific conditions or acts that contributed to the accident)	List the corrective ACTION needed to prevent reoccurrence
_____	_____
_____	_____
_____	_____

Signature of Department Head Date

EMPLOYEE SECTION

ACCIDENT	
DATE	TIME

EXACT Location where accident occurred

Describe the accident and what you were doing at the time of the accident:

Who witnessed this accident?

Name _____	Name _____
Phone _____	Phone _____

Were you injured during this incident? YES NO

Signature of Employee Date