



ACCIDENT INVESTIGATION REPORT

Employee (EE) Name: _____
EE Address:..... _____
EE City, ST, ZIP:..... _____
EE Phone:..... _____
EE Position:..... _____

Today's Date: _____
Date of Incident: _____
Time of Incident: _____
Weather Conditions: _____
Job Site: _____
Was accident on jobsite? _____

Statement of Incident:

Lined area for writing the statement of incident.