Incident/Accident Analysis Form

Department: ______________________________

Name of injured person/Persons: ______________________________

(If the accident injured more than one person, attach the above information for each additional person injured.)

Witnesses:

Name: ______________________________ Phone: ______________________________

Name: ______________________________ Phone: ______________________________

Name: ______________________________ Phone: ______________________________

When did the accident occur? Date: __________ Time: __________

Where did the accident occur? Building/Area: ______________________________ Location: ______________________________

Automobile: ______________________________

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred? □ Yes □ No If yes, when? ______________________________

What caused the accident?

Carefully consider and list all causes and contributing factors:

• ______________________________

• ______________________________

• ______________________________

• ______________________________

• ______________________________

• ______________________________

List each corrective action to be taken. Who will do it and when will it be done?

1. ______________________________
Incident/Accident Analysis Form

2. 
3. 
4. 
5. 
6. 
7. 

Attach photographs, sketches of the scene, or other relevant information.

Attach witness statements obtained from each witness.

Attach injured student observations and suggestions for accident prevention.

Prepared by: 
Title: 
Date: 

Signature:
Witness Statement for Incident/Accident Analysis

Name of injured: _______________________ Date of accident: ________________

What was your location in relation to the injured student when the injury occurred?

________________________________________________________________________________

Please describe your observation of the accident:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What are your suggestions to help prevent future accidents such as this?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Witness name: ________________________________ Date: __________________

Witness signature: ____________________________________________________________
Injured Person Suggestions for Incident/Accident Prevention

Name of injured: ____________________________    Date of accident: ______________

Describe how your accident occurred:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What are your suggestions to help prevent future accidents such as this?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Injured student name: ________________________________    Date: __________________

Department Head signature: ________________________________