BIZCHOICE
LAST MILE LOGISTICS

Supervisors Accident Investigation Report

Location of Job:			Name of Driver:	
Age:	Married? ☐ Yes ☐ No	Employment Date	Date of Occurrence	Time: ☐ AM ☐ PM

Exact Location of Accident:

Activity at Time of Occurrence:

Describe Damage or Injury:

Was Driver Acting in Regular Line of Duty: ☐ Yes ☐ No If No Explain:

Name of Witnesses:

Unsafe Act

☐ Operating at Unsafe Speed
☐ Unsafe Loading
☐ Making Safety Devices Inoperatable
☐ Distracting, Teasing, Startling, Etc...
☐ Using Unsafe Equipment
☐ Lack of Job Training or Instruction
☐ Improper ☐ Turn ☐ Lane Usage ☐ Backing ☐ Interval ☐ Signal ☐ Judgement ☐ Other

Unsafe Conditions

☐ Operating Gaurding
☐ Improper Illumination
☐ Defective Equipment
☐ Improper Ventilation
☐ Hazardous Environment (unsafe piled material, poor layout, poor housekeeping)
☐ Improper Dress or Apparel
☐ Poor Road or Visibility Conditions
☐ Defective ☐ Brakes ☐ Motor ☐ Lights ☐ Wipers ☐ Steering ☐ Tires ☐ Wheels or Rim ☐ Other

Other Vehicle Information

Driver:	Driver License No:
Address: (City, State, Zip)	Vehicle: Year Make Model
Insurance Company:	Policy No:

Damage to Other Vehicle:

Steps Taken to Prevent Reoccurrence

Unsafe Act:

☐ Instruct Employee
☐ Supplied Safe guard
☐ Warned Employee
☐ Supplied Proper Equip.
☐ Other Action _____

Unsafe Conditions:

☐ Eliminate Condition
☐ Repair Condition
☐ Gaurded Machine
☐ Other Action (explain)

_____

Reported To Insurance Company By:	Date: