

BAY COUNTY LIBRARY SYSTEM  
PATRON/PUBLIC REPORT OF ACCIDENT/INJURY

1. Form **MUST BE COMPLETED** as soon as possible whenever an accident occurs.
2. Form **MUST BE COMPLETED IN DETAIL**. Be sure to **COMPLETE ALL BLANKS**.
3. **Notify** the library Personnel Office at **(989) 894-2837 x2218** when an accident/ injury form is being completed.
4. Form **MUST BE SIGNED** by the Branch Supervisor prior to submitting it to the Personnel Department.
5. If additional space is required, use the back of this form or attach additional sheets. (Check if either is used.)
6. Fax completed form to Financial Analyst/HR Assistant at **(989) 894-8871**. Put original in delivery.

**INFORMATION ON ACCIDENT/INJURY** – To be completed as soon as possible after the accident.

Branch/Location: \_\_\_\_\_ Date accident occurred: \_\_\_\_\_ Time \_\_\_\_\_ a.m. /p.m.  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INFORMATION ABOUT INDIVIDUAL INJURED**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to be notified: \_\_\_\_\_ Phone: \_\_\_\_\_

**WITNESS (ES)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DESCRIBE INJURY:** Indicate the part of the body (Ex. Head, L/R arm, back, etc.) and type of injury (Ex. burn, cut, sprain, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRST AID ADMINISTERED:**  Yes By \_\_\_\_\_ (Signature) Phone \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_ OR First Aid  Refused

**POLICE /AMBULANCE SUMMONED:**  Yes  No Called by: \_\_\_\_\_ (Signature)

**INDIVIDUAL REMOVED BY:** Specify: Ambulance Company: \_\_\_\_\_

Other: \_\_\_\_\_ Taken to: \_\_\_\_\_

**EMPLOYEE COMPLETING THIS FORM** \_\_\_\_\_ (Signature)

Department \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time form competed: \_\_\_\_\_ a.m. / p.m.

Have you contacted the Library Personnel Office? Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Have you contacted the Managing Librarian? Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

**MANAGING LIB. /BRANCH SUPERVISOR** \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

Send **ORIGINAL FORM** to Personnel Office. Make and keep a **COPY** for your information.

The "Supervisor's Investigative Report" form **MUST BE COMPLETED** and **ACCOMPANY** this form.

# HOW TO INVESTIGATE ACCIDENTS

## Who Investigates the Accident?

Normally, supervisors are the best qualified people to conduct the investigation. Why? Because of the very nature of their job, they know the employees and their jobs, skills, experience, and attitudes. They also know the equipment, material and working environment. But most importantly, they have the authority in most situations to take corrective action to prevent future accidents. And if necessary, they may request assistance from the Personnel Department.

## When to Investigate the Accident?

As soon as the physical situation has been stabilized and any injured persons have been cared for, you should begin the investigation at the accident scene. Immediacy is important because delay can make it more difficult to conduct a complete and factual investigation. Those involved in the accident can quickly forget or alter facts- often unintentionally- as they begin to think about the accident. Witnesses standing around after an accident begin to compare observations and in doing so can influence what they will tell the investigator. Clean-up crews can disturb or remove valuable clues which damaged equipment or material can provide. Therefore, it is essential to begin investigating the accident as soon as possible.

## Why Should You Use an Investigative Report?

As early as possible in your investigation, complete an Accident Investigation Report. Use of this form can guide you through a complete investigation, communicate findings to the Personnel Department, and provide a written record of what corrective actions were or were not taken.

## How Do You Investigate an Accident?

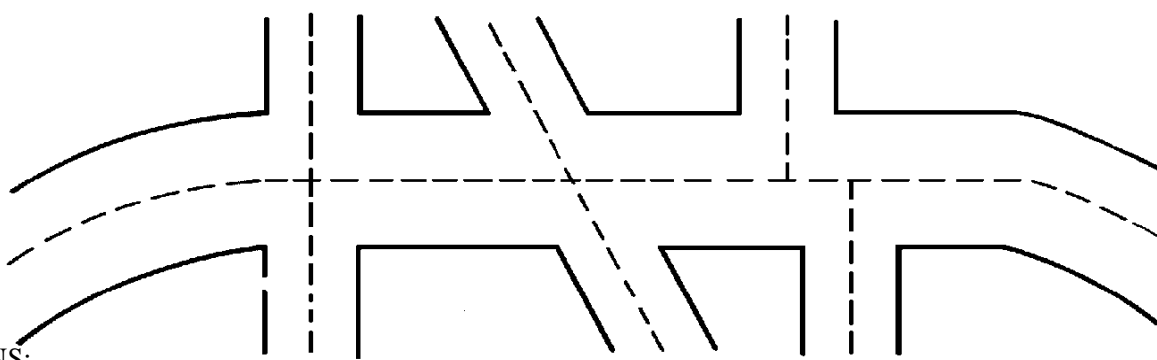
Using this form, conduct a thorough investigation by completing these four steps:

- \*Gather all related information
- \*Analyze the information
- \*Determine what corrective action must be taken to prevent a future accident, and
- \*Take corrective action.





## COMPLETE THE FOLLOWING FORM

### MOTOR VEHICLE DIAGRAM

Indicate the direction & position of vehicles involved; designate clearly the point of contact.



INSTRUCTIONS:

- 1) Show vehicles and direction of travel. Your vehicle  Other vehicles 
- 2) Use solid lines to show path of each vehicle before accident  dotted line after accident 
- 3) Give street names.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR'S INVESTIGATIVE REPORT**

The primary purpose of this report is to detect and eliminate environmental hazards/unsafe procedures which contribute to accidents, injuries, and illnesses. **COMPLETE THIS FORM IMMEDIATELY AFTER AN ACCIDENT OCCURS. IF THE ACCIDENT INVOLVED VEHICLE(S), COMPLETE THE MOTOR VEHICLE DIAGRAM ON PAGE 2, WRITING DETAILS IN THE COMMENTS SECTION.**

Name of injured person: \_\_\_\_\_ Date of injury: \_\_\_\_\_

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe what took place or what caused you to make this investigation.**

Why did it happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Get all the facts by studying the jobs and situation involved.  
Questions by use of Why?  
What ? When? Where? Who?**

What should be done to prevent repetition? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which of the items below require attention?**  
**Equipment   Material   People**  
**Select            Select            Select**  
**Arrange          Place            Place**  
**Use                Handle          Train**  
**Maintain        Process         Lead**

What have you done thus far? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Take or recommend action, depending on your authority. Follow up.**

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Managing Librarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY BAY COUNTY LIBRARY SYSTEM PERSONNEL OFFICE:**

**Notified Insurance Co.** \_\_\_\_\_ **Agent Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Agents' directions** \_\_\_\_\_

**Contacted by** \_\_\_\_\_ **Signature)** \_\_\_\_\_ **Date Notified** \_\_\_\_\_

**Personnel Dept.** Report Received & Reviewed By: \_\_\_\_\_ **(Signature)** **Date:** \_\_\_\_\_

**Date (s) Contacted Individual/Hospital:** \_\_\_\_\_ **Date (s) Telephoned** \_\_\_\_\_ **Date Visited** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Final Disposition** \_\_\_\_\_

**Cost Incurred by Library:** \_\_\_\_\_