



On-Scene Investigation Post-Incident for On-Scene Employees to Complete

Section 1. Vehicle or Equipment Damage

Post-Incident Immediate Action Items:

- Call 911 to report. If anyone was injured, request an ambulance.
 - Report the following:
 - What is the emergency?
 - Location.
 - Information on anyone injured.
 - If the other party has fled, any additional information possible.
 - When police arrive, provide insurance card located in your glove box or via photo, explain what happened.
- Remove yourself and others from any oncoming traffic or other dangers.
- Call your supervisor to report the incident.
- Take photographs of all damaged equipment and/or vehicles.
 - Both vehicles or equipment involved.
 - Entire scene and area, tire marks, impact points, directions, mile markers or area identifiers, gauge marks, signage, debris.
- Document any obstructions, traffic control devices, damage to barriers, poles, etc.
- Document vehicles, license plates, law enforcement vehicles, badge numbers/names, tow trucks and any other emergency responders on scene.
- Gather police report information.
- Take recorded statements, if possible.
- Report for mandatory post-incident alcohol/drug testing.
- Complete this Incident Investigation Packet, including witness and supervisor statements.
- If the vehicle is drivable, return it to the office/shop. If the vehicle/equipment is not drivable, call a tow truck. (Refer to the Emergency Contact List.)

Documents to include (See samples below.):

1. Vehicle/Equipment Damage Report
2. Emergency Contact List



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Section 2. Injury or Fatality

Post-Incident Immediate Action Items:

- Call 911 to report. If anyone was injured, request an ambulance.
 - Report the following:
 - What is the emergency?
 - Location.
 - Information on anyone injured or killed.
 - If the other party has fled, any additional information possible.
 - When police arrive, provide insurance card located in your glove box or via photo, explain what happened and who is at fault.
- Stay with the injured person until emergency responders arrive.
- Remove yourself from any oncoming traffic or other dangers. If the injured parties are in a dangerous situation, and you will not cause harm to yourself, move them as well.
 - Do not bend or twist the victim's body.
 - Do not approach victim if there is fire, electrocution or toxic exposure, or oncoming traffic.
- Obtain the name, location and phone numbers for where the victim is taken.
- Notify your supervisor. (Refer to the Emergency Contact List.)
- Refer any legal or media questions to your management team. Do not provide any details until after the investigation is complete.
- Complete Incident Packet upon return to the office/shop.

Documents to include (See samples below.):

1. Incident Packet
2. Emergency Contact List

Post-Incident Managerial Action Items

This should be used post-incident, after the on-scene investigation is complete.

Note: Not all of these apply to incidents only involving property damage or injury. Some are only for fatality incidents.

- Immediately following the incident, injury or fatality:
 - Require crew to secure the work zone and finalize any necessary work.
 - Assess the work zone. If it's safe to return at a later time, have a restart plan. If unsafe, reach out to the owner of the project and discuss changes needed.
- Gather investigation team and upper management.
- Contact broker and adjuster.
- Contact attorney, if needed.
- Obtain and document all injuries or fatalities.
- Obtain documentation from the police or other responding authorities.
- Obtain documentation from the tow yard if vehicles are taken.
- Retain expert incident reconstruction, as needed.
- Have vehicle/equipment professionally inspected.
 - Pull original invoices and bill of sales for vehicles or equipment involved.
 - Obtain an updated quote for replacement of units.
 - Calculate the cost to your company for towing, hours of labor to inspect and obtain vehicle or equipment after the incident.
 - Obtain all photographs to provide to insurance.
- Obtain all work-related documentation:
 - Delivery and load tickets.
 - Driver logs and inspection forms.
 - GPS and camera footage from vehicles.
 - Timesheets and copies of employee personnel file in incident file.
 - Training and safety material information.
 - Maintenance records of the vehicle or equipment involved.
 - Original purchase and title documentation.
 - Traffic control plans, Maintenance of Traffic (MOT), contracts, Certificates of Insurance (COIs), emails between all parties involved and any documented direction from the prime contractor or owners of the job site.
- Complete analysis of prevention steps and lessons learned.
 - Consider bringing in external debriefer.
 - Integrate lessons learned into policies.
 - Evaluate current incident training.

(continued)

Post-Incident Managerial Action Items *(continued)*

- Forward all necessary documentation including, but not limited to photographs, company documents, law enforcement reports, medical records, agency reports, investigation summaries, statements, etc. to attorneys.
- Take notes of all phone calls from the other involved parties and their attorneys.
- Contact the relevant union to notify of any injury or fatality.
 - Make sure beneficiaries are updated if there is a fatality.
- Involve Human Resources and your Safety Department to debrief.
- Contact OSHA at 800-321-OSHA within 8 hours if the incident results in a fatality. Hospitalizations, amputations or loss of an eye must be reported within 24 hours.
- Designate a person to speak with the family of the injured or deceased employee.
 - Provide key information.
 - Provide a list of resources to the family for help.
 - Keep an open line of communication to provide updates as the investigation proceeds.
 - Schedule a vigil or coordinate a time for grief for your employees.
 - Send flowers/donation to the family.
 - Put the family in touch with the [American Traffic Safety Services Foundation](#).
- Designate a person to speak to other parties' attorneys and any media.
 - Do not admit to any guilt.
 - Provide facts not suggestions or feelings.
 - Be sensitive to the situation (especially if a fatality occurred) but do not provide any specifics.

EXAMPLE

Vehicle and Equipment Damage Report

Report Date: _____ Completed by: _____

Date of Loss: _____ Time of Loss: _____ [] AM [] PM

Time driver began work: _____ [] AM [] PM

Driver's Name: _____

Did incident occur during the course of job duties? [] YES [] NO

Incident Location: _____

Road & Weather Conditions: _____

Description of Incident (continue on back of form if needed):

Description of Damage (continue on back of form if needed):

Vehicle # or Equipment Name: _____ Plate #: _____

Year: _____ Make: _____ Model: _____ Color: _____

Other Vehicle & Incident Info

Description of Other Vehicle(s) Damage (continue on back of form if needed):

(continued)

Vehicle and Equipment Damage Report (continued)

Year: _____ Make: _____ Model: _____ Color: _____

Plate #: _____

Driver's Name: _____ Phone Number: _____

Home Address: _____

DOB: _____ Gender: _____

License #: _____ State Issued: _____

Is driver the vehicle's owner?: [] YES [] NO

If no, who is the insured? _____

Insured's Address: _____

Insured's Phone Number: _____

Insurance Company: _____ Policy #: _____

Insurance Agent's Name: _____

Agent's Phone Number: _____ Email: _____

Citation(s) Issued: [] YES [] NO

Police Department: _____ Police Report #: _____

Witness(es)? [] YES [] NO. If yes, witness name: _____

Witness Phone #: _____

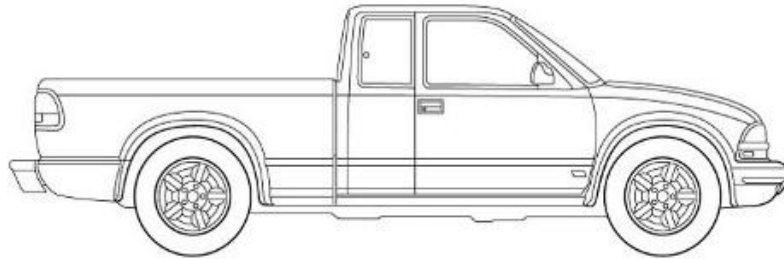
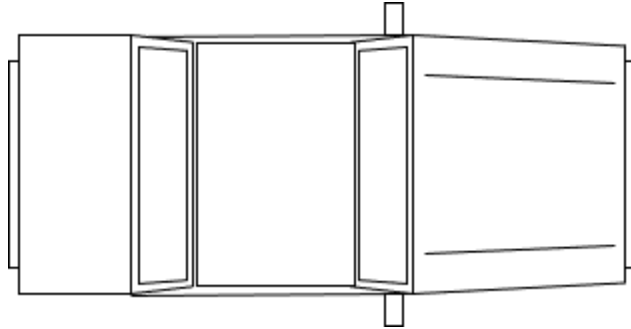
Witness statement (continue on back of form if needed):

Additional witnesses use the back of this form or additional sheets.

Vehicle Damage Diagrams

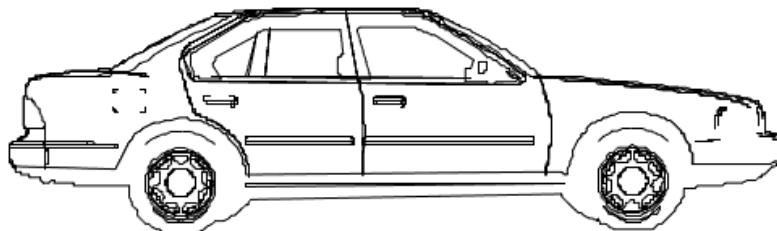
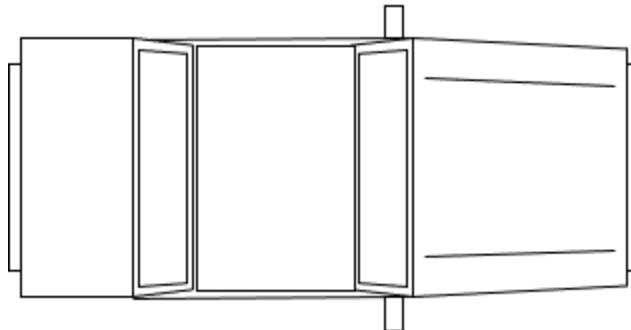
Place an "X" on all areas where the vehicle is damaged.

Vehicle #1 _____



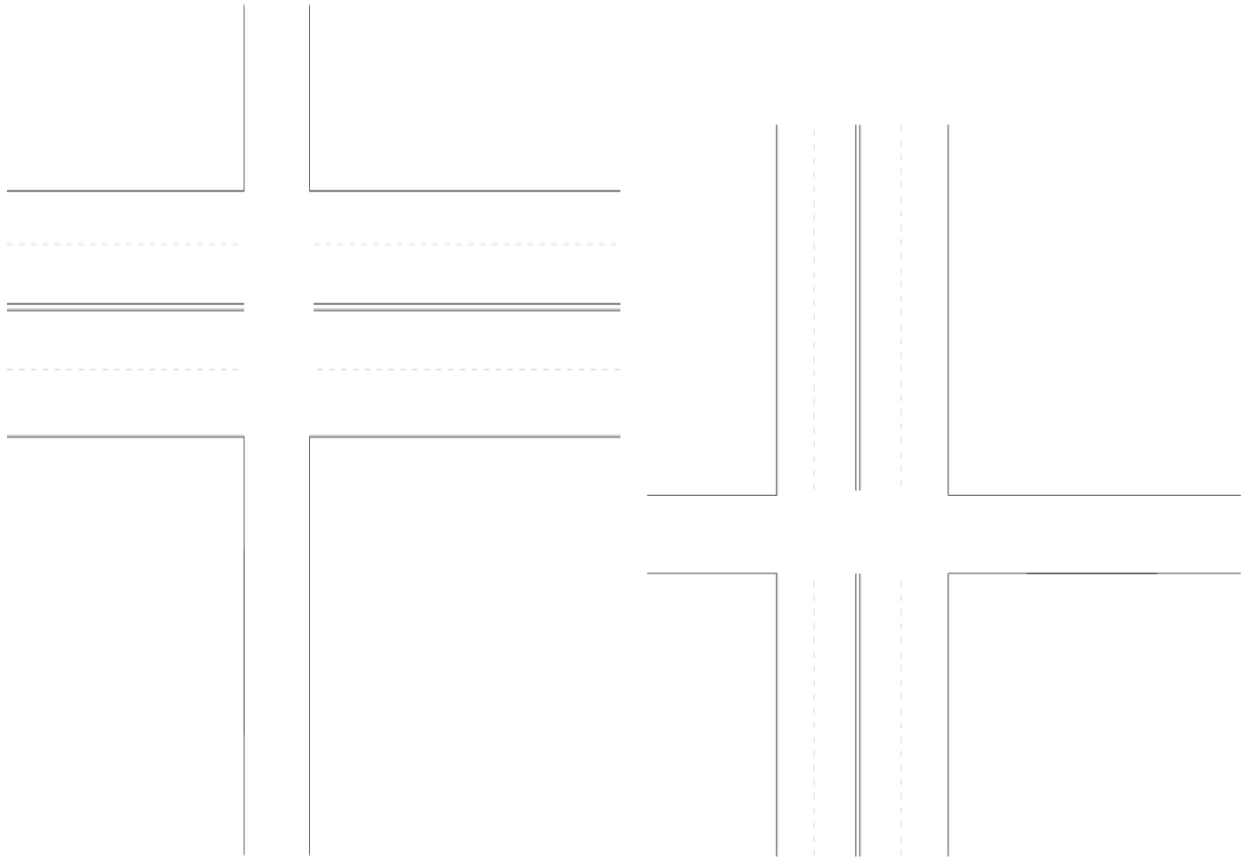
Place an "X" on all areas where the vehicle is damaged.

Vehicle #2 _____



Incident Scene Diagram

Please use the appropriate diagram or draw the incident scene below.



Draw diagram here. (Number the vehicles.)

EXAMPLE Injury/Fatality Incident Report

Report Date: _____ Completed by: _____

Injured Employee's Full Name: _____

Job Title: _____

Employment Status: [] Full-Time [] Part-Time State of Hire: _____

Hire Date (MM/DD/YYYY): _____

Wage Information: Hourly \$ _____ Salary \$ _____

of Hours Worked/Day: _____ # of Days/Week: _____

Employee's Home Address: _____

Phone Numbers: Home: _____ Cell: _____

DOB: _____ Gender: _____

Date of Incident: _____ Time of Incident: _____ [] AM [] PM

Employee's Supervisor: _____

Time Employee Began Work: _____ [] AM [] PM

Address Where Incident Occurred: _____

Body Part(s) Injured: _____

Did the incident result in a fatality? [] YES [] NO

Full Description of Crash/Incident (How did the injury occur? Continue on back of form if needed.):

Was First Aid Given Onsite? [] YES [] NO

If yes, what was the treatment? _____

(continued)

Injury/Fatality Incident Report *(continued)*

Date Employee Last Worked: _____ Time Left Work: _____ [] AM [] PM

First Day of Work Missed? _____

Has Employee Returned to Work: [] YES [] NO

If no, why? _____

Date of Return: _____

Was a 3rd Party or Company Responsible/Contribute to the Crash/Incident? [] YES [] NO

Company: _____

Name: _____

Address: _____

Phone(s): Work/Home: _____ Cell: _____

Clinic/Hospital Address: _____

Doctor's Name: _____ Contact's Name: _____

Phone: _____

Was Employee Hospitalized? [] YES [] NO

Witness(es) Name: _____ Phone: _____

Witness Description of Crash/Incident (continue on back of form if needed):

Supervisor(s) Name: _____ Phone: _____

Supervisor(s) Description of Crash/Incident (continue on back of form if needed):

Recordability: [] First Aid [] Medical Only [] Lost Time

EXAMPLE Emergency Contact List

Police/Emergency Services: 911

Supervisor/Manager:

Name: _____

Phone Number: _____

Owner/Upper Management:

Name: _____

Phone Number: _____