NCDOT SUPERVISOR INCIDENT INVESTIGATION REPORT

Instructions: Begin investigation within 24 hours and attach the Employee Incident Report and Witness Reports to this report. Forward all reports ASAP.

Division/Unit:		Date of Incident:	
Department:		County:	
Employee Name:	Employee Personnel #:	Employee Beacon #:	Employee Phone #:
Supervisor Name:	Supervisor Personnel #:	Supervisor Beacon #:	Supervisor Phone #:

Incident Classifications (check all that apply)

☐ Near Hit ☐ Injury ☐ Fatality ☐ Property Damage ☐ Equipment Damage ☐ Spill ☐ Possible Blood Borne Pathogen exposure

Employee required:

☐ First-Aid Only ☐ Medical treatment and released ☐ Hospitalized ☐ Other:

Employee:

☐ Returned to work no restrictions ☐ Returned to work with restrictions ☐ Did not return to work (Lost Days)

Hazard Types (select one based on origination of injury in this preference order)

☐ Violence or injuries caused by people or animals ☐ Transportation ☐ Fires or Explosions
☐ Slips, Trips, Falls Surface Level ☐ Fall from Elevation ☐ Exposure to harmful substances or environment
☐ Contact with objects or equipment (Struck By, Struck Against, Caught-on, Caught between, Puncture, Cut) ☐ Over-Exertion (lifting)
☐ Bodily Motion (reaching, twisting, running) ☐ Other (List Here):

Names of Witnesses Interviewed:

Incident Information

Describe the specific activity the employee was engaged in and the sequence of events. Include objects or substances that directly injured or made the employee ill. Describe tools, equipment, and PPE in use. Describe property damage. Attach pictures or police reports. Describe the estimated damage to any vehicles or equipment (make, model, ID number, etc.)

Is the activity part of the employee's normal job? ☐ Yes ☐ No	Prior to beginning activity, did the employee review potential hazards/dangers? ☐ Yes ☐ No	Date employee last received SOP Review

Post-Crash Testing is required following any crash for employee in which an employee is involved while operating a motor vehicle or equipment on the job in which (1) A life is lost, or 2) driver is cited for moving traffic violation and individuals were either transported for medical treatment or vehicle is disabled and removed from the scene by other than its own power.

Did any of the above conditions result from the accident? If Yes, was Post-Accident Testing conducted?
If not, why?

What was the root cause of the incident? Ask why then ask why again (e.g. Why? The employee slipped on scrap metal. Why? The work area was not cleaned up. Why? The employee was rushing to get a project done and did not take time to clean up the work area.)

Action taken or will be taken to prevent reoccurrence (If corrective action will occur in the future, provide estimated completion date.)

I hereby certify that the information I have provided is true and accurate. Any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied. I also acknowledge that I understand that in addition to being disciplined for providing false and/or misleading information up to and including dismissal, I may also be subjected to additional criminal and/or civil liability.

Supervisor's Name: Signature Date of Report:

The Supervisor will forward the signed copies of the Employee Incident Report I-1, Supervisor's Incident Investigation Report I-2, and Witness Statements I-3, to the Incident & Injury Investigation Subcommittee. The Incident & Injury Subcommittee will review and ensure acceptable Corrective Action has been identified and implemented The WCA will receive all reports and all supporting documentation.

I&I Subcommittee Members:

Date Corrective Actions Completed:

ACCIDENT BREAKDOWN BY CHARACTERISTIC
(check all that apply)

Nature of Injury

- ☐ Amputation or Enucleation
- ☐ Assault
- ☐ Burn or Scald
- ☐ Contusion, Bruise
- ☐ Electric Shock
- ☐ Eye, Foreign body in
- ☐ Fracture, Broken Bone
- ☐ Freezing, Frostbite
- ☐ Hearing Loss or Impairment
- ☐ Heat Exhaustion, Sunstroke
- ☐ Hernia or Rupture
- ☐ Infection
- ☐ Inhalation Injury-Toxic Substance
- ☐ Insect Bites
- ☐ Laceration (Cut)
- ☐ Multiple Injuries
- ☐ Needle Puncture
- ☐ Rash, From Plants
- ☐ Rash, Not From Plants (Dermatitis)
- ☐ Scratches, Abrasions
- ☐ Sprain, Strains
- ☐ Other

Part of Body Affected

- ☐ No Physical Injury
- ☐ Head
- ☐ Neck
- ☐ Eyes (Including Vision)
- ☐ Arm(s) (Above Wrist)
- ☐ Hand(s) (Including Wrist)
- ☐ Finger(s) and Thumb(s)
- ☐ Upper Extremity, Multiple Parts (shoulder, arm, forearm, wrist, or hand)
- ☐ Abdomen (Including Internal Organs)
- ☐ Back (Including Muscles, Spine)
- ☐ Chest (Including Internal Organs)
- ☐ Hips (Including Pelvic Organs)
- ☐ Shoulder(s)
- ☐ Trunk, Multiple Parts
- ☐ Leg(s) (Above Ankle)
- ☐ Foot (Including Ankle)
- ☐ Toes
- ☐ Lower Extremity, Multiple Parts (from the hip to the toes)
- ☐ Multiple Parts of Body, Severe
- ☐ Digestive System
- ☐ Respiratory System
- ☐ Circulatory System
- ☐ Skin
- ☐ Other

Type of Accidents

- ☐ Bodily Reactions (Sprains, Strains, Rupture, Etc.)
- ☐ Caught In, Under, Or Between
- ☐ Contact With Temperature Extremes (Fire, Cold)
- ☐ Disease Exposure
- ☐ Electrical Shock
- ☐ Falls (All Types)
- ☐ Noise Exposure
- ☐ Repetitive Motion
- ☐ Rubbed Or Abraded By Object
- ☐ Struck Against Object
- ☐ Struck by Flying Object
- ☐ Struck by Other Object/Person
- ☐ Toxic Materials Exposure
- ☐ Vehicle or Equipment Accident
- ☐ Other

Safety Equipment in Use

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Goggles
- ☐ Face shield or welder helmet
- ☐ Gloves
- ☐ Fire Shirt
- ☐ Fire Pants
- ☐ Safety Shoes
- ☐ Fire line Boots
- ☐ Ear Protection
- ☐ Respirator
- ☐ Lanyards & Lifelines
- ☐ Fluorescent Vests
- ☐ Buoyant Work Vest
- ☐ Warning & Control
- ☐ Seat Belts
- ☐ Shoulder Harness
- ☐ Safety Equipment, National Electrical Code (NEC)
- ☐ Lab Coat
- ☐ Other

EQUIPMENT ACCIDENT BY CHARACTERISTIC
(check all that apply)

Roadway Condition

- ☐ Dry
- ☐ Wet
- ☐ Snow/Ice
- ☐ Mud
- ☐ Other

Weather

- ☐ Clear
- ☐ Cloudy
- ☐ Fog
- ☐ Misting
- ☐ Rain
- ☐ Snow/Sleet/Ice
- ☐ Smoke/Dust

Type of Equipment Accident

- ☐ Turning
- ☐ Backing
- ☐ Rear-End Collision
- ☐ Struck by Another Vehicle
- ☐ Object Dropped on Vehicle
- ☐ Hit Stationary Object
- ☐ Ran Off Road
- ☐ Passing
- ☐ Moving from Parked Position
- ☐ Rolled from Parked Position
- ☐ Hit Animal
- ☐ Overturned
- ☐ Flying Object
- ☐ Other

Causes for Equipment

- ☐ Operating at Unsafe Speed
- ☐ Improper Backing
- ☐ Failure to Obey Traffic Laws
- ☐ Ingesting or Mixing Controlled Substance to Create Hazard
- ☐ Unsafe Equipment
- ☐ Other
- ☐ No Unsafe Acts Observed

When submitting this report, include pictures of incident location, equipment in use, the vehicle used (if applicable), and any third party reports (I.e. Police Report, OSHA Report, etc.).