



# SUPERVISOR'S REPORT OF ACCIDENT OR INJURY CITY OF LACONIA

To be completed by immediate supervisor of employee involved in an accident or injury.

**PLEASE PRINT. THIS FORM WILL BE USED TO FILL OUT REQUIRED FORMS. DO NOT LEAVE ANY INFORMATION BLANK.**

Date of this report: _____		
Date you were notified by the employee: _____		
Injury	Vehicle / Equipment	Exposure

Employee name: \_\_\_\_\_

Job title: \_\_\_\_\_ Department: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ A.M. / P.M. \_\_\_\_\_

Location of incident (exact): \_\_\_\_\_

If motor vehicle or equipment: was LPD notified?    Yes    No  
(Attach citizen reference card provided by LPD) If not, why? \_\_\_\_\_

Describe in detail how accident happened based on your investigation:  
Including but not limited to: What task was the employee performing? How was the employee injured?  
Were there any unsafe acts or problems? Was any equipment defective or misused? Was the weather a factor?  
Employee statements; witness statements

---

---

---

---

---

---

---

---

---

---

Answer where applicable:

- Weather / Road conditions: \_\_\_\_\_
- Was personal safety equipment being worn: \_\_\_\_\_
- Type of footwear being worn: \_\_\_\_\_
- Were there any other employees involved in the incident?    Yes    No  
If yes, how? \_\_\_\_\_
- Were there any witnesses?    Yes    No    If yes, were they interviewed?    Yes    No

If yes, please attach notes.

- Equipment involved \_\_\_\_\_  
 Were safeguards in place?      Yes      No
- Was employee wearing a seat belt?      Yes      No      If no, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is there a policy or procedure that covers this situation?  
                          Yes      No                                      If no, should there be one?      Yes      No
- Was this an emergency situation?      Yes      No
- Did employee have adequate employee backup to perform the task?      Yes      No
- Could the task have been delayed until adequate help was on hand?      Yes      No
- Did the employee have proper equipment to perform the task?      Yes      No

What have you done to prevent this or a similar incident from occurring in the future? (Please check all that apply):

- Provide additional training for this employee
- Remind this individual about awareness
- Caution other employees about this situation
- Adjust the equipment involved or recommend the purchase of equipment
- Other \_\_\_\_\_  
 \_\_\_\_\_

Could anything have been done differently by the individual to avoid this accident?      Yes      No

What acts, failures to act and/or conditions contributed most directly to this accident?

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

Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Please forward to the Human Resources office within two days; if you cannot, please contact Lindsey Allen at 524-3877 ext 152 or via email at [lallen@laconianh.gov](mailto:lallen@laconianh.gov).**