



CITY OF SEWARD NEBRASKA  
537 MAIN ST  
PO BOX 38  
SEWARD, NE 68434-0038

PH: 402-643-2928  
FAX: 402-643-6491

Name of Employee: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Accident Information**

Date of Accident: \_\_\_\_\_  
Date Accident report to Supervisor: \_\_\_\_\_  
Number of hours worked per day: \_\_\_\_\_  
Number of hours worked per week: \_\_\_\_\_  
Time employee began work: \_\_\_\_\_  
Time of Accident: \_\_\_\_\_  
Location of Accident: \_\_\_\_\_  
Type of Injury/Illness (e.g. lacerations to forearm): \_\_\_\_\_  
Part of body affected (e.g. right forearm, lower back): \_\_\_\_\_  
What are your injuries? (**IN DETAIL**): \_\_\_\_\_

Did you receive medical treatment: Yes  No  Not applicable   
Date you received medical treatment: \_\_\_\_\_  
Did you miss any work: Yes  No   
Wearing Personal Protective Equipment: Yes  No   
Transported to Hospital: Yes  No   
Name and Address of Doctor: \_\_\_\_\_  
Describe IN DETAIL how the accident occurred and what you were doing: \_\_\_\_\_

ACCIDENT SEQUENCE: Describe in reverse order of occurrence events preceding the injury and accident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.

A. Injury Event: \_\_\_\_\_  
B. Acccident Event: \_\_\_\_\_  
C. Preceding Event #1: \_\_\_\_\_  
D. Preceding Event #2, #3, etc: \_\_\_\_\_  
WITNESSES (Names and Phone Numbers): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Note by your signature, permission is granted to release your name to the safety committee)



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**ACCIDENT INVESTIGATION REPORT TO BE COMPLETED BY SUPERVISOR WITH EMPLOYEE**

**Additional Information**

CASUAL FACTORS. Events and conditions that contributed to the accident.

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CORRECTIVE ACTIONS. Those that have been, or will be, taken to prevent recurrence.

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DATE COMPLETED BY SUPERVISOR WITH EMPLOYEE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_  
Supervisor Signature Employee Signature

APPROVED BY: \_\_\_\_\_  
Department Head Signature

DATE COMPLETED/SIGNED DOCUMENT SUBMITTED TO SAFETY COMMITTEE: \_\_\_\_\_

REVIEWED BY CITY ADMINISTRATOR \_\_\_\_\_  
City Administrator Signature