



M.S.I. Claim _____

INJURED EMPLOYEE INFORMATION

NAME:	_____
ADDRESS:	_____
D.O.B.:	_____
PHONE #:	_____
SEX:	M _____ F _____
OCCUPATION:	_____
CLASSIFICATION:	_____
EXPERIENCE IN THIS FIELD OF WORK:	_____
SAFETY TRAINING FOR THIS TYPE OF WORK:	_____

EMPLOYER INFORMATION

COMPANY/ORGANIZATION:	_____
SUPERVISOROR CONTACT:	_____
ADDRESS:	_____
PHONE #:	_____

Signature: _____ Date: _____



MSI-18

Accident Investigation Report

ACCIDENT INFORMATION

LOCATION OF ACCIDENT: _____

DATE AND TIME OF ACCIDENT: _____ TIME: _____
 Y M D

DATE AND TIME REPORTED: _____ TIME: _____
 Y M D

DURING REGULAR DUTIES: _____ YES _____ NO

FIRST AID: _____ YES _____ NO

FIRST AID ATTENDANT: _____

WITNESS (ES): _____

SUPERVISOR (S): _____

DIRECT CAUSE OF INJURY: _____

NATURE AND EXTENT OF INJURY (specify area(s) of body injured):

PROPERTY/MATERIAL DAMAGES (Damages To Vehicles, Structures, Tools, Equipment, Etc):

ESTIMATED COST OF DAMAGES IF POSSIBLE



INVESTIGATION OF ACCIDENT

SEQUENCE OF EVENTS LEADING TO ACCIDENT (identify equipment, tools, & materials that may have contributed to the accident):

CAUSES OF ACCIDENT

A) MECHANICAL, PHYSICAL, AND/OR ENVIRONMENTAL CONDITIONS:

B) HUMAN FACTORS (Unsafe act):

PREVENTATIVE ACTION

FUTURE RECOMMENDATIONS: _____

DATE OF IMPLEMENTATION : _____

Y/Y M/M D/D

COMMENTS: _____
