



Accident Investigation Packet

In conjunction with Chimes *Injury Prevention Program*, it is your responsibility whether an employee or Supervisor to aid the Risk & Safety Manager in obtaining necessary information after an incident or injury. Accident Investigation forms/statements should be filled out by the injured employee (or representative), supervisor and any witnesses to the accident. Please provide the most accurate phone number for both the employee and supervisor so that the Risk Manager and Insurance Carrier can contact you to conduct their investigation.

IMPORTANT-Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident ensures that Chimes, has an accurate account of how the injury occurred. These completed statements are important in helping Chimes to correct hazards and prevent accidents from reoccurring.

This Packet Should Contain:

Vehicle Accident Investigation Report
Employee's Report of Injury
Supervisor's Accident Form
Accident Witness Statement
Non-Work Related Incident Report

Common Questions & Answers:

If I am a Supervisor, after I complete these forms, what do I do with them?

Please send the completed forms to the Risk & Safety Director at stefanie.nadeau@chimes.org (OR SAFETY EMAIL)

If I am an Employee what are my responsibilities?

An accident investigation form needs to be completed anytime there is a work related accident, incident, illness, or motor vehicle accident (whether the passenger or driver), near miss involving Chimes property or procedures and if you have sustained an injury or illness at work and it is not related to your position at Chimes.

As an employee, what will happen after I report a work related motor vehicle accident, incident or illness?

An insurance adjuster from Philadelphia for a motor vehicle accident or SISCO for an alleged work related incident may be contacting you depending on the type of injury or accident that has occurred. Please provide them with the most accurate information possible to ensure the claims process can be completed and a decision made on your benefits.

If for any reason, someone has not contacted you the contact information for both companies is listed below:

Philadelphia Insurance: 1-800-765-9749

SISCO Insurance: 1-800-346-4075

If I witnessed an accident at work what are my responsibilities?

If you are a Chimes employee and have witnessed an incident or injury, you are required to complete the accident witness statement to the best of your ability and submit to your supervisor. Someone from the listed insurance companies above may contact you for a statement on what you witnessed.

***If you have any questions or concerns regarding an accident or investigation, please contact the Risk & Safety Manager at 410-649-1044/stefanie.nadeau@chimes.org and/or your Supervisor for assistance.



SUPERVISOR'S ACCIDENT FORM

(To be completed by the employee's supervisor
or other responsible administrative official)

Location where the accident occurred:		Circle One Chimes Property? Yes No	
Who was injured?		Time & Date of Accident:	
When was it reported?			
Date of Hire	Job Title/Occupation:	Dept. Assigned to:	
Was there any property/equipment damaged?		Eqpt owned by Chimes? Yes No	
What was the employee doing at the time of the injury occurred?			
Was the accident the result of another party's negligence? If so, name the party:			
Body part & extent of the injury (if known)		Any known prior known physical conditions? If yes, list: _____	
Extent of property damage, if any:			
Do you have any concerns about this alleged accident or injury? If yes, please explain:			
<input type="checkbox"/> Failure to secure area <input type="checkbox"/> Horseplay <input type="checkbox"/> Improper dress <input type="checkbox"/> Improper instruction <input type="checkbox"/> Improper Maintenance <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Unsafe Process <input type="checkbox"/> Unsafe position		<input type="checkbox"/> Unsafe equipment <input type="checkbox"/> Improper personal protective eqpt. <input type="checkbox"/> Lack of training or skill <input type="checkbox"/> Operating without authority <input type="checkbox"/> Physical or mental impairment <input type="checkbox"/> Poor Ventilation <input type="checkbox"/> Other: _____	
Supervisor's corrective action to ensure this type of accident does not recur:			
Mod duty available? _____			
Supervisor's name		Supervisor's signature	Phone#
Your Email:			Date: