

**TTU/TTUHSC EP
VEHICLE ACCIDENT
INVESTIGATION**

SECTION I.

Date of Accident		Time of Accident a.m. p.m.	
Name and Address of Employee Involved			
Department	Location	Doing his regular job? Yes No	Police Contacted? Yes No
Year/Model of Vehicle	Type of Vehicle	License Number	Inventory Number

SECTION II.

Description of Accident	
Did you see this Accident? Yes No	Witnesses:
UNSAFE CONDITION: What was the unsafe condition? Why did the unsafe condition exist?	
UNSAFE ACTS: What did anyone do or fail to do that led to this accident? Indicate reasons.	
What action has been or should be taken to prevent a similar accident?	
Date:	Supervisor:

REVIEW BY MANAGER AND DEPARTMENT HEAD

Section III.

Recommendations for additional action	
Supervisor's recommendations approved	
Yes	No
Additional recommendations	
Additional action to be taken	
Manager	Date
Department Head	Date